



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

BCS/143502

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 30, 2012, under Wis. Stat. § 49.45(5)(a), to review a decision by the Sauk County Department of Human Services in regard to Medical Assistance, a hearing was held on September 27, 2012, at Baraboo, Wisconsin.

The issue for determination is whether the respondent erred in restricting petitioner's BadgerCare Plus enrollment for a period of six months.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: Jatinder Singh

Sauk County Department of Human Services  
505 Broadway, 4th Floor  
PO Box 29  
Baraboo, WI 53913

**ADMINISTRATIVE LAW JUDGE:**

Peter McCombs (telephonically)  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Sauk County.

2. Petitioner was notified by respondent on August 27, 2012, that she was not eligible to re-enroll for BadgerCare Plus benefits for a period of six months as a result of not paying her premium on time.
3. Respondent also notified petitioner that [REDACTED] [REDACTED] was not enrolled in BadgerCare plus because it found that he was not a United States citizen or eligible immigrant.

**DISCUSSION**

The petitioner had been receiving medical assistance under BadgerCare Plus, which covers children under 19 and their parents. Wis. Stat. § 49.665. The county agency ended her benefits as of July 31, 2012, because the petitioner failed to pay the premium due by that date. The program’s rules require recipients to pay a premium by “the 10th of the month prior to the month for which the premium is required.” Wis. Admin. Code § DHS 103.085(1)(d)2. If a person fails to pay the premium by the end of the month for which it is due, benefits end on the last day of that month. Wis. Admin. Code § DHS 103.085(1)(d)3. Those whose benefits end because they did not pay a premium cannot reenroll for six months unless they did not pay because of circumstances beyond their control. These circumstances include:

- a. A problem with an electronic funds transfer from a bank account to the BadgerCare program.
- b. A problem with an employer's wage withholding.
- c. An administrative error in processing the premium.
- d. Any other circumstance affecting payment of the premium which the department determines is beyond the group's control, but not including insufficient funds.

Wis. Admin. Code, § DHS 103.085(3)(b)1.

The petitioner does not contend that she did not pay due to circumstances beyond her control, nor does she contend that she made timely payment of her monthly BadgerCare Plus premium. Instead she argues this case in conjunction with her simultaneous Food Share benefits appeal, which focused on determination of income. In the present matter, financial eligibility for BadgerCare Plus is not directly at issue, since the ineligibility stems from the petitioner’s failure to pay her premium timely. I do not find that the petitioner has established any error on the part of the respondent in determining that petitioner is not eligible to re-enroll for BadgerCare Plus benefits for a period of six months.

**CONCLUSIONS OF LAW**

The agency correctly restricted petitioner’s BadgerCare Plus enrollment for six months because she failed to pay her premium by the end of the month covered by that premium.

**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 24th day of October, 2012

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Peter McCombs  
Administrative Law Judge  
Division of Hearings and Appeals



**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](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on October 24, 2012.

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