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[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

BCS/143729

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**PRELIMINARY RECITALS**

Pursuant to a petition filed September 12, 2012, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on October 24, 2012, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent erred in calculating petitioner's income and assessing a premium.

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

**ADMINISTRATIVE LAW JUDGE:**

Peter McCombs (telephonically)  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County who resides in a household of two (with her son).
2. Petitioner receives BadgerCare (BC) Plus benefits for a household of two. See Exhibit 3.
3. At all times material hereto, the petitioner was employed at Care Management Plus.

4. Prior to July, 2012, petitioner's total gross household income was calculated at \$1,687.63, which is equivalent to 133.85% of the Federal Poverty Level (FPL).
5. The BadgerCare premium due for a household size of two with a gross income of \$1,687.63 is \$51.00 per month.
6. During July, 2012, petitioner's employment hours increased due to overtime; petitioner's total gross household income was updated to indicate \$2,358.80, which is equivalent to 187.08% of the Federal Poverty Level (FPL).
7. The BadgerCare premium due for a household size of two with a gross income of \$2,358.80 is \$155.00 per month.

### **DISCUSSION**

BadgerCare is an expansion of the Wisconsin Medical Assistance program designed to provide coverage to children under 19 and their parents. Wis. Stats. §49.665; Wis. Admin. Code § DHS 103.03; Medicaid Eligibility Handbook, App. 5.7.1.1 MA – BadgerCare eligibility has the non-financial requirement that the household contain a person under age 19. If so, MA – BC is also available to the custodial parent of the person under 19. See, WI Admin Code § DHS 103.03(1)(f).

A household must also meet financial requirements. Medicaid Eligibility Handbook § 5.7.6. All households are now required to be tested using prospective budgeting. Medicaid Eligibility Handbook § 4.1.6. Prospective budgeting is the determination of one month's benefits based on the agency's best estimate of income and circumstances that will exist in that month. Reconciliation at a later date using actual income figures is no longer required to be performed by county agencies under the MA Program.

To be eligible for BadgerCare, an applicant family cannot have income greater than 185% of the poverty line, and cannot have access to a certain level of employer-based coverage. Wis. Stats. §49.665(4). An ongoing BadgerCare recipient group cannot have income greater than 200% of the poverty line in order to continue eligibility. *MEH*, §5.7.6.2.2. The petitioner's household's gross income of \$ 2,358.80 remains below the 200% income limit of \$2,521.67 for a household size of two.

After a household qualifies for the BadgerCare program, a determination is made as to whether a premium must be paid by the household. A lower income limit of 133% of the poverty line is used as the demarcation between households that must pay a premium and those that do not pay. *BadgerCare + Eligibility Handbook* § 19.1. In this case, the petitioner was unable to refute that the county correctly and accurately determined her monthly income for this household. As a result, the county correctly determined that the petitioner's household must pay a monthly BadgerCare premium of \$1 55 based upon the chart of premiums in *BadgerCare + Eligibility Handbook* § 48.1, "BC+ Premium Tables."

The petitioner was unable to refute county agency's case that it correctly calculated the petitioner's gross household income. The petitioner was also unable to refute that the county was accurately budgeting her earned and unearned income in determining the BadgerCare premium. Based upon petitioner's testimony that her income has changed due to less overtime at present, petition was and is encouraged to provide current wage information to the respondent to ensure a correct income calculation/premium determination. Accordingly, based upon the above, I conclude that the county agency correctly determined petitioner's monthly BadgerCare premium.

### **CONCLUSIONS OF LAW**

The county agency correctly and accurately calculated the petitioner's BadgerCare premium based upon the wage information that was provided.

**THEREFORE, it is**

**ORDERED**

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 served and 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 14th day of November, 2012

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Peter McCombs  
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 November 14, 2012.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability