



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

BCC/144011

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**PRELIMINARY RECITALS**

Pursuant to a petition filed September 24, 2012, under Wis. Stat., §49.45(5)(a), to review a decision by Brown County Human Services in regard to Medical Assistance (MA), a hearing was held on October 25, 2012, by telephone.

The issue for determination is whether petitioner's enrollment fee should be used to pay a BadgerCare Plus (BC+) Core Plan premium.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: Heidi Kordus  
Brown County Human Services  
111 N. Jefferson St.  
Green Bay, WI 54301

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.
2. Petitioner receives BC+ Core Plan MA. She was scheduled for a review by the end of August, 2012. She paid the \$60 enrollment fee and her August premium, and submitted all necessary paperwork. The Core Plan MA was continued effective September 1, 2012.
3. The agency did not apply the enrollment fee to a premium as required by policy. Petitioner paid the \$46 September and October premiums herself.

4. Following the hearing the agency researched the problem. The enrollment fee now has been applied to the November premium and a \$14 refund will be issued.

### **DISCUSSION**

All BC+ Core Plan participants must pay a \$60 enrollment fee at application and at each yearly review. The BC+ Handbook provides at Appendix 43.4.2:

A non-refundable processing fee is required before an application for the Core Plan can be processed, unless the fee is waived because the applicant/member is homeless or a tribal member. The applicant/member has 30 calendar days from the day the initial or renewal request for Core Plan is submitted to pay the fee ....

The processing fee will be applied to the payment of a Core member's premiums if the member has a household income over 133% of the FPL [Federal Poverty Limit] and is thus required to pay premiums as a condition of eligibility.

After the hearing in this case I contacted the Department's constituent relations office. They were able to resolve the problem. On Thursday, November 1 I received the following e-mail from the office:

There was an error in processing this case, we have corrected the problem and she should receive a refund of \$14 and her November premium is credited as being paid at this time. She hasn't paid her November premium yet, so we applied her \$60 processing fee towards the premium that she owes and she will get a refund of the difference in about 6 weeks.

I am sure that petitioner would like to have the refund sooner than six weeks, but there are limits to this office's authority. I have no means to order the refund at an earlier date.

Because the enrollment fee has now been applied to the November premium, I will dismiss the appeal as resolved.

### **CONCLUSIONS OF LAW**

Petitioner's enrollment fee has been applied to her November, 2012 Core Plan 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 5th day of November, 2012

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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 November 5, 2012.

Brown County Human Services  
Division of Health Care Access and Accountability