



FH
[REDACTED]

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

In the Matter of

[REDACTED]

DECISION

MQB/144061

PRELIMINARY RECITALS

Pursuant to a petition filed September 24, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Dane County Department of Human Services in regard to Medicare Premium Assistance, a hearing was held on November 02, 2012, at Madison, Wisconsin.

The issue for determination is whether the county agency correctly discontinued the petitioner's Qualified Medicare Beneficiary (QMB) benefits effective October 1, 2012, due to failure to verify his assets.

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: Eric Deml

Dane County Department of Human Services
1819 Aberg Avenue
Suite D
Madison, WI 53704-6343

ADMINISTRATIVE LAW JUDGE:

Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

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

2. Petitioner received medical assistance benefits through the QMB program. In August of 2012, petitioner submitted his renewal information, indicating that he was no longer employed. Exhibit 2.
3. At the time of the processing of the renewal, respondent found that Social Security payments were being directly deposited to an account held by petitioner; respondent noted that petitioner had no assets listed on his case. Exhibit 2.
4. A Notice of Proof Needed was sent to petitioner on August 22, 2012. The Notice requested a copy of his checking account statement, and specified a due date of September 4, 2012. It also informed petitioner that:

If you want Medicaid to continue under the MAPP program, you have to meet the employment requirement of 1 hour worth of work every month. If you do not verify, your MA will end and will have to meet a deductible every six months to maintain coverage.

 Exhibit 3.
5. On September 5, 2012, petitioner provided respondent with a business card from Associated Bank, but did not otherwise verify an account and/or account balance.

DISCUSSION

As Medicare is an insurance program, it charges premiums. *Wisconsin* Medicaid pays some or all of the Medicare premiums for those who qualify (Medicare beneficiaries). There are four types of Medicare beneficiaries:

1. **Qualified Medicare Beneficiary (QMB)**,
2. Specified Low-Income Medicare Beneficiary (SLMB),
3. Specified Low-Income Medicare Beneficiary Plus (SLMB+) a/k/a Qualifying Individuals – 1 (QI-1), and
4. Qualified Disabled and Working Individuals (QDWI).

MEH, § 32.1.1. The category of eligibility depends on the recipient's income. Benefits also differ from category to category. MEH, § 32.1.3.

A person who is receiving SSI and is a MA recipient is also automatically eligible for QMB/SLMB/SLMB+ benefits, *if* the applicant also meets the financial criteria, i.e., income and asset eligibility limits. Wis. Stat. § 49.47(1)(e), Medicaid Eligibility Handbook (MEH), §§ 32.2, 32.3, 32.4, 32.5. An applicant for MA or a representative acting on the applicant's behalf is responsible for providing the agency with full, correct, and truthful information. Wis. Adm. Code §DHS 102.01(6). Income and assets must be verified. §DHS 102.03(3) (a) and (h). MA shall be denied when the applicant is able to produce the required verification but fails to do so. §DHS 102.03(1). (Emphasis added).

The respondent interprets those requirements in its Income Maintenance Manual, Chapter I, Part C. Asset and income verification is mandatory. IMM, I-C-9.3.0 & 9.1.0. The county shall deny benefits when all of the following are true: (1) the applicant has been given adequate notice of the verification required, (2) the verification is necessary to determine current eligibility, (3) the applicant has the power to produce the verification, (4) the time allowed to produce the verification has passed. IMM, I-C-3.3.0. The agency generally should allow **10 days for verification**. IMM, I-C-5.1.0. In this case, the respondent afforded petitioner more than 10 days to provide the verification. Exhibit 3. Furthermore, the record does not indicate that the petitioner requested any assistance from the county agency in obtaining the asset

verification. As such, I conclude that the respondent acted properly when it determined to terminate petitioner's QMB benefits.

CONCLUSIONS OF LAW

1. The petitioner failed to timely provide required financial asset verification to the county agency.
2. The county agency correctly discontinued the petitioner's QMB benefits effective October 1, 2012, due to failure to verify his assets and allow the respondent to determine petitioner's continued QMB financial eligibility.

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 3rd day of December, 2012

\sPeter 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
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on December 3, 2012.

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