



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

BCS/144590

PRELIMINARY RECITALS

Pursuant to a petition filed October 15, 2012, under Wis. Stat., §49.45(5)(a), to review a decision by the Milwaukee Enrollment Services to discontinue Medical Assistance (MA), a hearing was held on November 14, 2012, by telephone.

The issue for determination is whether the agency correctly imposed a restrictive enrollment period.

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 BadgerCare Plus (BC+) for herself and her daughter. Petitioner was informed that beginning July 1, 2012, she would have to pay a \$92 BC+ premium due to changes in state law.
3. Petitioner did not pay the premium in August, 2012. By a notice dated August 17, 2012, the agency informed petitioner that BC+ for her would end September 1, 2012 and she would be put in restrictive enrollment for six months. BC+ for her daughter was unaffected.

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. If a recipient does not pay the monthly payment before the month after the end of the benefit month, the recipient may be ineligible for the program for six months. Admin. Code, §DHS 103.085(3); Handbook, App. 19.8. The penalty for missing the premium is called “restrictive enrollment.” The restrictive enrollment can be avoided if the person had good cause for missing the payment. Handbook, App. 19.8.2.

If the person is placed in restrictive enrollment, she can reapply after six months, but she has to pay the missed premiums. Handbook, App. 19.11.2. The arrears do not have to be paid if income drops below the threshold for premium liability. If income rises above the threshold again, the arrears will have to be paid. Id.

Good cause reasons for not paying the premium are found in the Handbook, App. 19.8.3. They are problems with the financial institution, the Department computer system, the local economic support agency, or with wage withholding. There is also a catch-all for fair hearing decisions. Generally good cause means something beyond the control of the individual.

Petitioner testified that she could not afford the premium. However, the Department has made clear that inability to pay the premium is not a good cause reason. I must conclude, therefore, that the agency action was correct.

CONCLUSIONS OF LAW

The agency correctly closed petitioner’s BC+ and placed her in restrictive enrollment because she did not pay her 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 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 16th day of November, 2012

/s/Brian C. Schneider
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 November 16, 2012.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability