



FH  
[REDACTED]

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

---

In the Matter of

[REDACTED]

DECISION

MQB/144582

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed October 16, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Fond du Lac County Department of Social Services in regard to QMB/Medicare Premium Assistance, a hearing was held on February 7, 2013, at Fond du Lac, Wisconsin.

No issue remains for determination at this time.

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: Deb Gohlke, ES Spec.

Fond Du Lac County Department of Social Services  
87 Vincent Street  
Fond Du Lac, WI 54935 -4595

**ADMINISTRATIVE LAW JUDGE:**

Nancy J. Gagnon (telephonically)  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Fond du Lac County.
2. Prior to August 2012, the petitioner received the Medicare Premium Assistance benefit. This benefit pays Medicare premiums for low-income persons. The petitioner's case was due for a periodic review in June 2012, which was extended into July 2012 to allow time for asset

verification. The verification was not received, and the petitioner's Medicare Premium Assistance benefit ended August 1, 2012.

3. The petitioner reapplied for the Medicare Premium Assistance/QMB benefit in October 2012, and her case reopened effective November 1, 2012 (there is no backdating for QMB).
4. The petitioner's February 2013 Social Security check was for its full gross amount, reflecting no deduction for a Medicare premium. This is an indicator that the petitioner is currently receiving the Medicare Premium Assistance benefit.
5. Prior to hearing, the agency worker reviewed the state's database regarding Medicare premium payments/refunds, and determined that a return to the petitioner of \$304.70 (\$99.90 for November, \$99.90 for December, \$140.90 for January) has already been processed. The petitioner indicated that receipt of the \$304.70 will resolve all of her concerns related to this appeal.

### **DISCUSSION**

The Medicare Premium Assistance program is also referred to as the Medicare Savings Program. See, *Medicaid Eligibility Handbook*, §32.1, at <http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm>. Based on the resumption of the petitioner's Medicare Premium Assistance benefit effective November 1, 2012, the petitioner has agreed that no issue remains for determination in this appeal.

### **CONCLUSIONS OF LAW**

Based on the resumption of the petitioner's Medicare Premium Assistance benefit effective November 1, 2012, the petitioner has agreed that no issue remains for determination in this appeal.

**THEREFORE, it is**

**ORDERED**

That the petition is 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 8th day of February, 2013

---

\sNancy J. Gagnon  
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 February 8, 2013.

Fond Du Lac County Department of Social Services  
Division of Health Care Access and Accountability