



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

FPO/146346

PRELIMINARY RECITALS

Pursuant to a petition filed January 03, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance (MA), a hearing was held on February 12, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly terminated petitioner's MA, specifically, the BadgerCare Plus Family Planning Only Services (FPOS) program, effective December 1, 2012.

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: Katherine May
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Kelly Cochrane
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On November 12, 2012 petitioner mailed in his application to continue to receive the MA/FPOS benefit.

3. On November 14, 2012 the agency sent petitioner a request for verification of income. The response was due back in the agency by December 3, 2012.
4. Petitioner did not comply with the verification request.
5. On December 28, 2012 the agency sent petitioner a notice of decision stating that effective December 1, 2012 he was not enrolled in MA/FPOS due to failing to verify.

DISCUSSION

BadgerCare Plus (BC+) Family Planning Only Services program (FPOS) provides limited benefits for family planning services for women and men with income at or below 300% of the Federal Poverty Level (FPL) and who are:

1. 15 years of age or older, and
2. Not enrolled in BC+ without a premium or receiving other full benefit Medicaid.

See *BC+ Eligibility Handbook*, §40.1.

A review/recertification is required every 12 months for this program, after an initial eligibility determination. At the time of the FPOS review, income and household composition are again tested against the FPOS eligibility criteria. See *Id.* at §40.10. Thus, when his review came through in November, the agency properly requested verification of the income. See *Id.* at §9.1. Petitioner admitted that he did not comply with the verification request. Therefore the agency acted to close his case once the deadline to verify had passed. The agency is instructed to:

Deny or reduce benefits when all of the following are true:

1. The member has the power to produce the verification.
2. The time allowed to produce the verification has passed.
3. The member has been given adequate notice of the verification required.
4. You need the requested verification to determine current eligibility. Do not deny current eligibility because a member does not verify some past circumstance not affecting current eligibility.

Id., §9.11.4.

Accordingly, I must find that the agency correctly terminated his FPOS. Petitioner can always reapply.

CONCLUSIONS OF LAW

The agency correctly terminated petitioner's MA /FPOS benefits effective December 1, 2012 for failing to verify income.

THEREFORE, it is

ORDERED

The petition for review herein 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 Milwaukee,
Wisconsin, this 8th day of March, 2013

\sKelly Cochrane
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 March 8, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability