



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCB/146750

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 18, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on March 07, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly denied Petitioner's application for BadgerCare+ Benefits

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Sharon Thacker, HSPC Sr.  
Milwaukee Enrollment Services  
1220 W. Vliet St.  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On December 17, 2012, the agency sent Petitioner a notice that his application for health care benefits was denied because he did not provide verification of certain information and because his income was over the program limit. (Exhibit 18)

3. On January 7, 2013, the agency sent Petitioner a Notice of Action needed, asking him to pay a premium by January 28, 2013. (Exhibit 20)
4. On February 28, 2013, the agency sent Petitioner a notice indicating that his application for healthcare benefits was denied because his income was over the program limits. (Exhibit 11)
5. Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on January 18, 2013
6. It is undisputed that Petitioner's monthly income from self-employment is \$1667.91. His wife's self-employment income is also \$1667.91 per month.(Petitioner's testimony; Exhibits 6 and 7)
7. Petitioner's wife's earned income from MPS is \$703.50 per month. (Exhibit 8)

### **DISCUSSION**

BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families. *BadgerCare + Eligibility Handbook (BEH) §1.1.1*. In order for adult caretakers to be financially eligible for BadgerCare+ benefits, the household income must be below 200% the Federal Poverty Level and all available gross income must be counted. *BEH §16.1*.

200% of FPL for an assistance group of three is \$3,255. *BEH §50.1*

Petitioner's gross household income is  $\$1667.91 + \$1667.91 + 703.50 = \$4039.32$ .

This is over the program limit. As such, Petitioner and his wife are ineligible for BadgerCare+ benefits.

The notices sent to Petitioner advised him that he may be eligible for Health Insurance Risk Sharing Plans (HRISP). However, the federal HRISP program stopped taking applications effective March 1, 2013. According to the HRISP website, this did not affect the state HRISP program. Petitioner may wish to call the program at (888) 253-2698 or email them at [HIRSPweb@wpsic.com](mailto:HIRSPweb@wpsic.com) with questions.

### **CONCLUSIONS OF LAW**

The agency correctly denied Petitioner's application for Badger Care Plus benefits.

**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 Milwaukee,  
Wisconsin, this 25th day of March, 2013.

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\sMayumi M. Ishii  
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 25, 2013.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability