



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/148017

PRELIMINARY RECITALS

Pursuant to a petition filed March 13, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Lincoln County Department of Social Services in regard to Medical Assistance (MA)/BadgerCare Plus (BCP), a hearing was held on June 6, 2013, by telephone. Hearings set for April 18 and May 9, 2013, were rescheduled at the petitioner's request.

The issue for determination is whether the Department correctly closed the petitioner's adult BCP coverage due to recipient access to other health insurance.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: Beulah Garcia, Coordinator

Northern IM Consortium, for:

Lincoln County Department of Social Services
607 North Sales Street
Suite 201
Merrill, WI 54452

ADMINISTRATIVE LAW JUDGE:

Nancy J. Gagnon
Division of Hearings and Appeals

FINDINGS OF FACT

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

2. BadgerCare Plus (BCP) is a Wisconsin variant of MA for low-income pregnant women or families with minor children. The petitioner's household was covered by BadgerCare Plus (BCP) until February 1, 2013. On January 18, 2013, a notice of the discontinuance was issued with an effective date of February 1, 2013. The basis for discontinuance was failure to pay adult BCP premiums.
3. On February 1, 2013, the Department issued written notice to the petitioner advising that the adult case had been placed in a restrictive re-enrollment period due to premium non-payment, and that the adults were ineligible because they had access to other health insurance. The petitioner made the premium payment in February, which temporarily resolved the premium non-payment issue. The Department then issued a written notice on February 22, 2013, which advised that the adults remained ineligible for BCP because they had access to employee health insurance at a cost not exceeding 9.5% of the family's income.
4. The household's gross income is \$3,172 for BCP purposes. This is more than 133% of the federal poverty level (FPL) for this household size.
5. The Department received information from the petitioner's employer that the employee's cost for employee health insurance was \$32 (5% of the \$637 monthly premium). The employer also offers family health insurance coverage.
6. The petitioner's employer, [REDACTED], requires a full-time employee to pay \$32 or five percent of household gross income monthly for employee-only coverage. See, Exhibit 5. The employer requires an employee who works 55-64 hours bi-weekly to pay \$274 monthly for health insurance. The petitioner works 31 hours weekly, and has done so for the past 18 months.

DISCUSSION

BadgerCare Plus is an expansion of the Wisconsin Medical Assistance program meant to provide insurance for children under 19 and their parents. *BadgerCare Plus Eligibility Handbook (BCPEH)*, 1.1. There are two major BCP benefit plans. To be financially eligible for the BCP Standard Plan (full MA benefits), a family cannot have income greater than 200% of the federal poverty line (FPL). Wis. Stats. §49.471(8). The BCP Benchmark Plan (limited services) is available to children in households with income above 200% of the poverty line, and to self-employed parents/caretakers. The petitioner's household income does not exceed 200% FPL.

Additionally, there is a hybrid nonfinancial/financial BCP eligibility test related to access to other insurance. If a household's income exceeds 133% FPL, the household cannot be eligible for BCP if it has access to employer-based health insurance. *Id.*, §7.1. In 2013, 133% of the poverty line for four persons was \$2,610. See *BCPEH* at §50.1, online at <http://www.emhandbooks.wisconsin.gov/bcplus/bcplus.htm>

Wis. Stat. §49.471(8) states that a family is ineligible if it has, or has *access* to, employer-subsidized health care coverage. The Wisconsin Administrative Code §DHS 103.03(1)(f)2, and the *BCPEH*, 7.3, state that a family with income exceeding 133% of the FPL is ineligible if it is covered by and has "access" to any health insurance plan that meets the standard of the Health Insurance Portability and Accountability Act (HIPAA). A HIPAA plan is any group plan that provides medical care to individuals and/or their dependents. Wis. Stat. §49.471(1)(g).

I. ACCESS-80% PREMIUM

So, what is "access?" Access is currently measured in two ways, either of which is disqualifying. First, the statute declares that a family has "access" to other health insurance if the employer is paying at least 80 percent of the premium:

(8) HEALTH INSURANCE COVERAGE AND ELIGIBILITY. ...

(b) Except as provided in pars. (c) and (d), an individual ... is not eligible for BadgerCare Plus if any of the following applies:

1. The individual has individual or family health insurance coverage that is any of the following:

a. Coverage provided by an employer and for which the employer pays at least 80 percent of the premium.

2. The individual, in the 12 months before applying, had access to the health insurance coverage specified in subd. 1. ...

(d)1. None of the following is ineligible for BadgerCare Plus by reason of having health insurance coverage or access to health insurance coverage:

a. A pregnant woman.

b. [a child under age one] ...

2. An individual under par. (b)2., or an individual who is an unborn child or an unborn child's mother under par. (c)2., is not ineligible if any of the following good cause reasons is the reason that the individual did not obtain the health insurance coverage under par. (b)1. to which they had access:

a. The individual's employment ended.

b. The individual's employer discontinued health insurance coverage for all employees.

c. [A family member was] eligible for other health insurance coverage ... at the time the employee failed to enroll in the health insurance coverage under par. (b)1. and no member of the family was eligible for coverage under this section at that time.

d. The individual's access to health insurance coverage has ended due to the death or change in marital status of the subscriber.

e. Any other reason that the department determines is a good cause reason.

(emphasis added)

Wis. Stat. §49.471(8). The parallel state code provision and policy handbook section echo the statute on this issue. Wis. Admin. Code §DHS 103.03(1)(f)3; *BCPEH*, §7.3.

None of the facts in the Findings above are in dispute, except for Finding #5. Twenty percent of the \$637 employee premium is \$127.40, so the employer is not paying at least 80% of the premium cost, and the 80% test does not disqualify the petitioner from receiving adult BCP.

II. ACCESS – 9.5% INCOME TEST

The Department also argues that adults have access to other health insurance if the premium cost does not exceed 9.5% of the household's gross income. That is the test that tripped up the petitioner here. The 9.5% income test is found in state policy as follows:

7.3.3. The 9.5 % Current Access Test

For parents and caretakers who are not exempt (See 7.1), an individual with current access to employer sponsored health insurance is not eligible for BadgerCare Plus. An individual has current access to employer sponsored insurance if:

- the individual could enroll in and be covered under the plan in the month for which eligibility is being determined, **and**

- the cost of coverage for the employee-only plan does not exceed 9.5% of the monthly household income.

When an employed parent or caretaker has been determined to have current access, the individual's spouse will also be considered to have current access if the employer offers a plan that provides coverage to the spouse, such as employee + spouse or employee + family coverage.

...

There are no *good cause*  reasons for not enrolling in a health insurance plan when an individual has current access.

BCPEH, §7.3.3. This policy is in turn derived from the federal waiver amendment to BCP, granted in April 2012, and in effect through June 2013:

To enable the State to prevent substitution of public coverage for private coverage ...

- When the individual has, or had, access to employer-sponsored major medical health insurance (individual or family) in which the monthly premium that would be paid by the individual does not exceed 9.5 percent of household income (for self-only coverage) during the most recent open or special enrollment period within the previous 12 months, ...

Wisconsin BadgerCare § 1115 Waiver Authority, paragraph #1, at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html> .

The petitioner is ineligible because 9.5% of the household's \$3,172 income is \$301.34. The \$274 premium is less than \$301.34. Further, the federal waiver language, requested by Wisconsin, directs the agency to look only at the percentage associated with the "self-only" coverage to determine if the both adults are BCP eligible. The self-only percentage is under 9.5%, so they cannot be eligible for BCP at this time, due to access to the employer's insurance. The cover letter (April 2012) to the above *Waiver Authority* applies this change to both parents.

This Decision is consistent with that written by another Administrative Law Judge in DHA case no. BCS/144854, issued on January 3, 2013.

CONCLUSIONS OF LAW

1. The Department correctly discontinued BCP for the petitioner and her husband due to their ability to access other health insurance coverage, with the petitioner's "self-only" coverage cost being under 9.5% of gross household income.

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 3rd day of July, 2013

\sNancy J. Gagnon
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 July 3, 2013.

Lincoln County Department of Social Services
Division of Health Care Access and Accountability