FH
[redacted]

# STATE OF WISCONSIN
## Division of Hearings and Appeals

In the Matter of

[redacted]

DECISION

MQB/149270

## PRELIMINARY RECITALS

Pursuant to a petition filed May 6, 2013, under Wis. Stat., §49.45(5), to review a decision by the Walworth County Dept. of Human Services to discontinue Medicare Premium Assistance, a hearing was held on May 29, 2013, by telephone.

The issue for determination is whether petitioner's new source of income put her over the premium assistance limits.

PARTIES IN INTEREST:
Petitioner:

[redacted]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703
By: Mia Anderson
Walworth County Dept. of Human Services
W4051 County Rd. NN
Elkhorn, WI 53121-1006

ADMINISTRATIVE LAW JUDGE:
Brian C. Schneider
Division of Hearings and Appeals

## FINDINGS OF FACT

1. Petitioner (CARES # [redacted]) is a resident of Walworth County.
2. Petitioner received Qualified Medicare Beneficiary (QMB) benefits until the action at issue in this appeal.
3. Petitioner's only income when she received QMB was $839 monthly social security. Beginning April 1, 2013, petitioner began to receive $700 per month maintenance from her ex-husband.

4. By a notice dated April 12, 2013, the county informed petitioner that QMB would end May 1, 2013 because income was over the limit.

## DISCUSSION

QMB, Special Low Income Medicare Beneficiary (SLMB), and SLMB Plus are programs which provide assistance with Medicare Part B premiums for persons whose incomes are over the regular Medical Assistance limits. All three programs pay the entire Part B premium. See the MA Handbook, Appendix 32.1.1 for a full description of the programs.

The programs have progressively higher income limits. The QMB income limit for one person is $930.83. Handbook, App. 39.5. The SLMB limit is $1,117. Handbook, App. 32.3 and 39.5. A person qualifies for SLMB Plus if income is below $1,256.63. Handbook, App. 32.4 and 39.5. Because SLMB Plus eligibility is not automated, eligibility must be determined manually by the county worker. Handbook, App. 32.4.2, referencing "Process Help 61.6."

The county budgeted $1,539 as petitioner's monthly income. With a standard $20 deduction, that meant that income was $1,519, which is above even the SLMB Plus limit.

The problem for petitioner is that the calculations do not account for any of her monthly expenses. However, the Division of Hearings and Appeals does not have authority to create deductions. Since the county correctly calculated income according to Department rules, I must conclude that the discontinuance of QMB was correct.

## CONCLUSIONS OF LAW

Petitioner's income now is over the limit for the Medicare Premium Assistance programs.

**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 31st day of May, 2013

_____

\sBrian C. Schneider
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 May 31, 2013.

Walworth County Department of Human Services
Division of Health Care Access and Accountability