



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MQB/150645

PRELIMINARY RECITALS

Pursuant to a petition filed July 15, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on August 22, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Petitioner's Qualified Medicare Beneficiary (QMB) eligibility may be backdated.

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

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner was a recipient of Qualified Medicare Beneficiary benefits (QMB) but in March 2013 contacted the agency to close her healthcare benefits. The agency then sent Petitioner a Notice of Decision dated March 6, 2013 that informed her that her QMB was closing April 1, 2013. Appeal

rights were included in that notice and the appeal deadline was noted to be May 17, 2013. No appeal was filed.

3. In late June 2013 the agency received medical bills from Petitioner. As her case was closed the agency informed her that she needed to reapply for benefits. Petitioner reapplied on or about July 8, 2013.
4. Petitioner was found eligible for QMB benefits and those benefits were restored as of August 1, 2013. Petitioner wants to have the eligibility backdated and filed this appeal on July 15, 2013 seeking that backdating.

DISCUSSION

Medicare is an insurance program and charges coinsurance, deductibles and monthly premiums. These out-of-pocket expenses of Medicare beneficiaries are generally referred to as 'Medicare cost-sharing.' For certain Wisconsin residents who receive Medicare, Wisconsin Medicaid pays some or all of their Medicare cost-sharing. These State Medicaid programs are called Medicare Savings Programs (MSP). *Medicaid Eligibility Handbook (MEH), §32.1.1.*

QMB benefits pay Medicare Part A & B premiums and Medicare deductibles and coinsurance. SLMB and SLMB+ pay Medicare Part B premiums. *MEH, §32.1.3.* The income limits for a group of one are as follows: the QMB the limit is 100% of the Federal Poverty Level - \$957.50 *MEH, §§32.2.3 and 39.5;* for SLMB it is at least 100% but no more than 120% FPL - \$1149.00, *MEH, §§32.3.2 and 39.5* and for SLMB+ it is 120 -135% of the FPL - \$1292.63. *MEH, §§32.4.2 and 39.5.*

Petitioner's income is under the QMB limit so is eligible for QMB.

Petitioner's QMB case was, however, closed on April 1, 2013 – apparently at her request. Regardless, a notice, dated March 6, 2013, was sent to Petitioner and no appeal was filed. Petitioner reapplied for the QMB in July 2013. The case opened as of August 2013. Per the *MEH*:

32.7.1.1 QMB Applications

For initial applications, QMB benefits begin on the first of the month after the month in which the individual is determined to be eligible/confirmed in CARES.
MEH, §32.7.1.1.

Thus the agency correctly started Petitioner's QMB benefits on August 1, 2013.

CONCLUSIONS OF LAW

That the agency correctly determined the eligibility date for Petitioner's QMB benefits.

THEREFORE, it is

ORDERED

That this appeal 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 20th day of September, 2013

\sDavid D. Fleming
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 September 20, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability