



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



BCC/155048

PRELIMINARY RECITALS

Pursuant to a petition filed January 22, 2014, 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 April 10, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly determined that Petitioner had a BadgerCare+ Core plan premium.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Katherine May
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
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 has been a recipient of BadgerCare+ Core health care benefits.
3. Petitioner was notified that effective February 1, 2014 she would have to pay a \$94.00 per month premium for her BadgerCare+ Core (BCC) health care coverage. That prompted this appeal.
4. The agency determined Petitioner's gross income to be \$2079.94 consisting of a Social Security spousal benefit of \$428.00 per month for Petitioner, a pension received by her husband in the amount

of \$214.94 and his Social Security retirement income of \$1437.00. Petitioner began receiving the spousal benefit in 2014.

5. Petitioner's household size is 2. Her husband's health care coverage has been provided by the Veteran's Administration.
6. Relevant Federal Poverty levels (FPL) for a group of two are: 100% FPL = \$1310.83; 133% of FPL = \$1743.41.

DISCUSSION

Petitioner had been receiving Medicaid under the BadgerCare Plus Core Plan (BCC), which expanded medical assistance coverage to persons between 18 and 64 years old whose income is less than 200% of the federal poverty level and who do not have any children under 19 years old. *BadgerCare Plus Eligibility Handbook (BEH)*, § 43.2. The program ended as of April 1, 2014. *See BEH*, §43.1.

Further, there was a premium requirement for BCC:

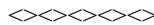
43.7.3.1 Core Plan Premiums

The following individuals must pay a premium to become or remain eligible for BC+ Core Plan:

- Members with income above 133% of the FPL are required to pay monthly premiums as a condition of enrollment and continued eligibility unless exempt.

The following individuals are exempt from the requirement to pay a premium:

- Members who are blind or disabled, as determined by the Disability Determination Bureau (DDB), through the presumptive disability process (MEH, 5.9) or MAPP Disabled
- Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member or anyone eligible to receive Indian Health Services.



43.7.3.2 Premium Calculations

Premiums will be calculated based on a sliding scale, ranging from 3% of countable household income for individuals with incomes above 133% of the FPL to 9.5% of household countable income for individuals at or above 300% of the FPL.

Premiums are calculated based on the household net countable income, multiplied by the premium rate for their FPL level, and rounded to the nearest dollar. [See section 48.1.2](#) for premium ranges based on family size and income. The premium amounts are the same regardless of the number of eligible Core Plan members in the case.

Example 1: George reports having monthly income of \$1,500 per month. For a family size of 1, that income is at 161% of the FPL. The premium rate for incomes between 160 and 169.99% of the FPL is 4.5%. To determine the amount of the premium, multiply \$1,500 times 4.5%. The result is \$67.50. After rounding to the nearest dollar, George's Core Plan premium will be \$68 per month.

BEH, §§43.7.3.1 and 43.7.3.2.

It is apparent that the Social Security spousal benefit that Petitioner began receiving pushed household income above the 133% FPL threshold thus triggering the premium requirement. Further, as household income is \$2080 – 4.5% of the FPL for a group of 2 - the premium is \$94.00 (rounded up from \$93.60). *See BEH*, §48.1.2; *release # 13-01*.

CONCLUSIONS OF LAW

That the agency correctly determined that Petitioner had to pay a BadgerCare Plus Core plan premium of \$94.00.

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, Room 651, 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 13th day of May, 2014

\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 May 13, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability