



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

██████████  
██████████  
██████████  
██████████

DECISION

BCS/155111

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 29, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Barron County Department of Human Services in regard to Medical Assistance, a hearing was held on February 20, 2014, at Barron, Wisconsin.

The issue for determination is whether the count agency correctly denied BadgerCare Plus to the petitioner because an employer provided healthcare insurance in which her share was less than 9.5% of her household income.

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: Candi Gillette

Barron County Department of Human Services  
Courthouse Room 338  
330 E Lasalle Ave  
Barron, WI 54812

**ADMINISTRATIVE LAW JUDGE:**

Michael D. O'Brien  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner is a resident of Barron County.
2. The petitioner earns \$1,828 per month. Her 18-year-old child earns \$450 per month.

3. The petitioner's employer provides health insurance to her. Her share of the premium is \$45 per month.
4. The county agency denied BadgerCare Plus to the petitioner because her share of her insurance premium is less than 9.5% of her household income.

### DISCUSSION

BadgerCare Plus allows children under 19 and their parents to receive medical assistance if their income falls within the limits found in the *BadgerCare Plus Eligibility Handbook*, § 16.1.; Wis. Stat. § 49.471. Beginning on July 1, 2012, those with access to health insurance in which their employer pays at least 80% of the premium are ineligible for BadgerCare Plus if their household income exceed 133% of the federal poverty. *BadgerCare Plus Handbook*, § 7.1. A second policy applies to new applicants, those with new employment, those who are completing their next review or renewal, or employed parents or caretakers added to the medical assistance group. This policy holds that those who meet the following conditions are considered to have current access and thus are ineligible for BadgerCare Plus:

- 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.

*BadgerCare Plus Handbook*, §§ 7.1 and 7.3.3.

The policy goes on to state, "There are no good cause reasons for not enrolling in a health insurance plan when an individual has current access." *Id.*

The petitioner concedes that her household income exceeds 130% of the federal poverty level, that her employer offers insurance, and that the premium for her alone—\$45 per month—is less than 9.5% of her household income. However, she disagrees with the policy because it does not consider the size of the deductibles and copayments she must pay. I pointed out to her representative that I had no authority to consider these arguments. He acknowledged this, but said that he wanted to make a record for future appeals. He did. The petitioner's appeal is denied.

### CONCLUSIONS OF LAW

The petitioner is ineligible for BadgerCare Plus because her premium for an employee-only policy is less than 9.5% of her total household income

**THEREFORE, it is**

**ORDERED**

The petitioner's 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 Madison,  
Wisconsin, this 21st day of February, 2014

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\sMichael D. O'Brien  
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 February 21, 2014.

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