



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/155452

PRELIMINARY RECITALS

Pursuant to a petition filed February 13, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Rock County Department of Social Services in regard to Medical Assistance, a hearing was held on March 24, 2014, at Janesville, Wisconsin.

The issue for determination is whether the agency erred in terminating petitioner's Medicaid enrollment.

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, Room 651
Madison, Wisconsin 53703

By: Pat Nixon

Rock County Department of Social Services
1900 Center Avenue
PO Box 1649
Janesville, WI 53546

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Rock County.
2. Petitioner was an ongoing MA and QMB member. On 10/18/13 the agency sent notice to petitioner requesting that she complete the required periodic renewal.

3. On 10/22/13, petitioner completed the phone interview. Petitioner was informed that a current bank statement was required.
4. On 10/23/13, petitioner called to ensure that renewal was complete. Petitioner was informed that current bank statement was required.
5. On 10/23/13 a Notice was sent to petitioner informing her that the bank statement was needed by 11/1/13.
6. By 11/4/13, the statement had not been received.
7. On 11/5/13 notice was sent to petitioner informing her that MA and QMB would close due to failure to provide required verification.
8. On 11/21/13, petitioner called the agency to inquire about the closing notice. Petitioner was informed that the bank statement was not sent. Petitioner stated that she would send the bank statement.
9. On 12/2/13, petitioner called the agency to ask for the fax number so she could send her bank statement.
10. On 12/30/13, petitioner called the agency to report a move to Illinois.
11. The agency never received the bank statement.
12. Petitioner requested a fair hearing on February 13, 2014.

DISCUSSION

The Medicaid Eligibility Handbook (MEH) provides directives to county agencies which set forth the agency and client responsibilities when processing an MA application or review. The petitioner was an ongoing recipient of Medicaid and Qualified Medicare Beneficiary (QMB), a medical assistance subprogram that pays Medicare premiums, deductibles and co-payments for eligible SSI recipients. *Medical Eligibility Handbook*, § 32.1.3. Her review came up and she reapplied. She underwent the necessary interview. Applicants must verify financial information including assets. Wis. Admin. Code § HFS 102.03(3), MEH § 20.3.5.

The agency repeatedly requested a current bank statement and provided petitioner ample time to send it. In petitioner's written submissions, and at hearing, petitioner conceded that she did not send in the bank statement. The agency was correct to terminate program enrollment in MA and QMB.

Petitioner is now aggrieved that the Medicare premium payments that had been covered by her QMB Program are now being sought by the federal government. Had petitioner followed through on providing the bank statement she would likely have been under continued enrollment. But, given her lack of cooperation with this request, she cannot complain that the agency erred in any way.

CONCLUSIONS OF LAW

The agency did not err in terminating petitioners MA and QMB benefits because she failed to provide the financial verification sought by the agency at time of renewal.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 2nd day of May, 2014

\sJohn P. Tedesco
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 2, 2014.

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