



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

Redacted case name

DECISION

BCS/162050

PRELIMINARY RECITALS

Pursuant to a petition filed November 14, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Dane County Department of Human Services in regard to Medical Assistance (MA)/BadgerCare Plus, a hearing was held on January 13, 2015, at Madison, Wisconsin.

The issue for determination is whether the Department failed to certify the petitioner's son for emergency MA for April 2014.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

Interpreter: Redact

Redacted petitioner name

Respondent:

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

By: Redact, ES Spec.
Dane County Department of Human Services
1819 Aberg Avenue
Suite D
Madison, WI 53704-6343

ADMINISTRATIVE LAW JUDGE:

Nancy J. Gagnon
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # Redact) is a resident of Dane County.
2. The petitioner filed an emergency MA application for her minor daughter, Redact, in August 2014.

3. On September 2, 2014, the Department determined that [Redact] was eligible for emergency MA for the August 1 through September 30, 2014 period. Per the petitioner, [Redact]'s bill at [Redact] from that timeframe has now been paid.
4. The petitioner also applied for MA for her minor son, [Redacted], in December 2013. He was determined to be eligible for MA from February 1, 2014 through July 31, 2014. *See*, Exhibit 2, ForwardHealth eligibility screen print.
5. [Redacted] received dental services in April 2014. The petitioner is receiving bills from the dental provider.
6. The petitioner filed a hearing request on November 14, 2014, asserting that emergency MA had been applied for, and medical bills had gone unpaid.
7. It is unknown in this record if the dental provider has submitted a payment claim to the MA program for [Redacted]'s services in April.

DISCUSSION

Because the child to whom the billing problem relates was not identified in the hearing request, the county agency prepared for hearing by addressing the emergency MA application for [Redact]. However, [Redact]'s emergency MA was approved, and the petitioner stated at hearing that she is no longer getting a hospital bill for [Redact].

The petitioner clarified at hearing that her concern is over the unpaid bill for the more remote-in-time dental services received by her son, [Redacted], in April 2014. The Department established that [Redact] was certified for MA coverage throughout April 2014. It is unknown in this hearing record if the dental provider has ever submitted a payment claim to MA for the April dental work. I note that [Redacted] and his mother were born in [Redact], so it is possible that the dental provider may have submitted a claim that was rejected by MA ForwardHealth as not being an emergency service. Again, I do not know if that happened, based on the information before me.

I can find no error in the Department's action of finding [Redact] eligible for MA throughout the month of April 2014. I suggest that the petitioner contact the dental provider and state that [Redact] was eligible for MA in April 2014. She should then ask the provider if it has submitted a payment claim to the MA program. If the provider did submit a claim to MA and it was denied, the petitioner may wish to file a new hearing request with the Division of Hearings and Appeals, and state that she is appealing MA ForwardHealth's decision to deny the payment claim for [Redacted]'s dental services from April 2014.

CONCLUSIONS OF LAW

1. The Department correctly certified the petitioner's daughter, [Redact], for emergency MA for August and September 2014.
2. The Department correctly certified the petitioner's son, [Redact], for MA for April 2014.

THEREFORE, it is

ORDERED

That the petition 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 14th day of January, 2015

\sNancy J. Gagnon
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 January 14, 2015.

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