FH
[redacted]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[redacted]

DECISION

MOP/162261

PRELIMINARY RECITALS

Pursuant to a petition filed November 24, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Sawyer County Human Services in regard to Medical Assistance, a hearing was held on February 18, 2015, at Hayward, Wisconsin. Hearings scheduled for December 17, 2014, and January 15, 2015, were rescheduled at the petitioner's request.

The parties have agreed on a resolution to this matter.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:
Petitioner:

[redacted]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: [redacted]
Sawyer County Human Services
10610 Main Street
PO Box 730
Hayward, WI 54843

ADMINISTRATIVE LAW JUDGE:
Michael D. O'Brien
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [redacted]) is a resident of Sawyer County.
2. The Medical assistance agency reduced the amount of an overpayment it seeks to recover for April through October 2013 to $4,778.07. The petitioner agrees that she owes this amount.

DISCUSSION

The department sought to recover approximately $7,000 in Medical assistance payments made to the petitioner from late 2012 through 2013. She challenged this, and the department reviewed its calculation. It now asserts that she owes $4,778.07 from April through October 2013, She agrees that this is correct and does not challenge that figure.

CONCLUSIONS OF LAW

The petitioner must repay an overpayment of Medical assistance.

THEREFORE, it is **ORDERED**

That this matter is remanded to the county agency with instructions that within 10 days of the date of this decision it reduce the amount of the petitioner's Medical assistance overpayment occurring from April through October 2013 to $4,778.07.

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 19th day of February, 2015

\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 19, 2015.

Sawyer County Human Services
Public Assistance Collection Unit
Division of Health Care Access and Accountability