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[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MQB - 220985

PRELIMINARY RECITALS

Pursuant to a petition filed on December 1, 2025, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services regarding Medical Assistance (MA), a hearing was held on January 13, 2026, by telephone. An English-Spanish interpreter was used for the hearing.

The issue for determination is whether the agency properly found the petitioner ineligible for the Medicare Savings Program.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By: Kyra Oberg
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Jason M. Grace
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County. She is enrolled in MAPP. The petitioner lives with her husband who is enrolled in Community Waivers.
2. On September 10, 2025, petitioner reported new employment. She provided 2 paystubs, reflecting wages of \$18.83/hour and average hours worked of 22.5 hours every other week.
3. Monthly gross household income consists of \$854.59 of income from petitioner's employment; petitioner's social security of \$748.00; the husband's social security of \$1,220; and petitioner's in-kind income of \$7.75.
4. By notice dated September 16, 2025, petitioner was informed that she and her husband were no longer eligible for the Medicare Savings Program as of October 1, 2025. Petitioner was still eligible for MAPP and her husband for Community Waivers.
5. On December 1, 2025 the petitioner filed an appeal.

DISCUSSION

Medicare is a health insurance program administered by the federal Centers for Medicare & Medicaid Services (CMS) for people age 65 and older and for certain younger people with disabilities. Medicare is divided into two primary types of health coverage. Hospital insurance (Part A) pays hospital bills and certain skilled nursing facility expenses. Medical insurance (Part B) pays doctors' bills and certain other charges. Medicaid Eligibility Handbook (MEH), § 32.1.

As Medicare is an insurance program, it charges premiums. Wisconsin Medicaid pays some or all of the member's Medicare cost-sharing participating in the following programs:

1. Qualified Medicare Beneficiary (QMB),
2. Specified Low-Income Medicare Beneficiary (SLMB),
3. Specified Low-Income Medicare Beneficiary Plus (SLMB+), and
4. Qualified Disabled and Working Individuals (QDWI).

MEH § 32.1.1. These programs are referred to as the Medicare Savings Program (MSP). The category of eligibility depends on the recipient's income. Benefits also differ from category to category. MEH, § 32.1.3.

The petitioner does not qualify for SLMB+ or QDWI as she is eligible for and enrolled in a full benefit MA program, specifically MAPP. MEH, §§ 32.4.1 (SLMB+) and 32.5.1 (QDWI).

The method for counting income for both QMB and SMLB is as follows:

The method of counting income is based on the SSI method, not on the spousal impoverishment method (see SECTION 28.1 ADULT HOME AND COMMUNITY-BASED WAIVERS LONG-TERM CARE INTRODUCTION). Calculate QMB net income as follows:

\$ Earned income (see SECTION 15.5 EARNED INCOME)
 - \$65 and ½ earned income deduction (see SECTION 15.7.5 \$65 AND ½ EARNED INCOME DEDUCTION)

- + Unearned income (Social Security income, etc.) (see SECTION 15.4 UNEARNED INCOME)
- Special exempt income (see SECTION 15.7.2 SPECIAL EXEMPT INCOME)
- \$20 standard deduction
- = Net income used to determine QMB eligibility

When counting Social Security income, use the gross Social Security income. Gross Social Security income:

1. Of a self-payer = the Social Security check amount + Medicare premiums he or she has paid.
2. Of someone for whom the state is paying the premiums = the Social Security check amount.

The COLA increase is disregarded for the current year until the month after the new federal poverty limits become effective.

MEH, §§ 32.2.3 (QMB) and 32.3.2 (SLMB). When determining eligibility for a married couple who reside together, the agency must determine the total of the couple's countable income. MEH §§32.1.2, 32.2.3, 32.3.2, and 34.4.2.

Here, the agency calculated gross earned income of \$854.59. From that total it subtracted the \$65 & ½ Disregard of \$459.78. It then added to that total the combined gross unearned income consisting of social security for the household of \$1,968.00. From that it then subtracted the \$20.00 disregard, leaving a total net income balance of \$2,342,80.

The income limit for QMB is 100% of the federal poverty level (FPL) (i.e., \$1,762.50 per month in December 2025 for a two-person assistance group). MEH § 32.2.3 and App. 39.5 (Release 25-04). The SLMB income limit is 120% FPL (i.e., \$2,115.00 per month). MEH § 32.3.2 and App. 39.5. Petitioner's counted income exceeds the income limit for both QMB and SLMB. As such, the agency correctly found petitioner ineligible for the MSP.

CONCLUSIONS OF LAW

The agency properly found the petitioner ineligible for the Medicare Savings Program.

THEREFORE, it is ORDERED

That petitioner's 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, 4822 Madison Yards Way, 5th Floor North, 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.

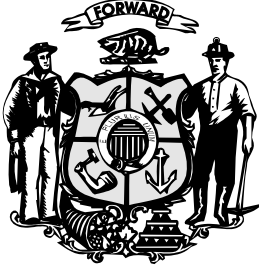
APPEAL TO COURT

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, 201 E. Washington Ave., **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 20th day of January, 2026

\s _____
Jason M. Grace
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 20, 2026.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability