



STATE OF WISCONSIN  
Division of Hearings and Appeals

In the Matter of:



DECISION

MAP/170755

**PRELIMINARY RECITALS**

Pursuant to a petition filed December 11, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the La Crosse County Department of Human Services [“County”] in regard to Medical Assistance [“MA”], a Hearing was held via telephone on January 14, 2016.

The issue for determination is whether it was correct to increase petitioner’s Medical Assistance Purchase Plan [“MAPP”] premium from \$100/month to \$125/month effective January 1, 2016.

There appeared at that time via telephone the following persons:

**PARTIES IN INTEREST:**

Petitioner:



Respondent:

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

BY:  ES Supervisor  
La Crosse County Department of Human Services  
300 N. 4th Street  
PO Box 4002  
La Crosse, WI 54601

**ADMINISTRATIVE LAW JUDGE:**

Sean P. Maloney  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES #  65 years old) is a resident of La Crosse County, Wisconsin.

2. Petitioner is receiving MAPP and prior to January 2016 had a MAPP premium of \$100/month.
3. Effective January 1, 2016 petitioner's monthly Social Security income increased from \$939 to \$943 (an increase of \$4/month); this caused petitioner's MAPP premium to increase from \$100/month to \$125/month.
4. Petitioner received an letter notice dated November 30, 2015 and entitled *About Your Benefits*; that notice informed petitioner that effective January 1, 2016 her MAPP premium would be \$125/month.

### DISCUSSION

Individuals who are eligible for MAPP may be required pay a monthly premium unless their total gross earned and gross unearned income is below 150% of the Federal Poverty Level ["FPL"]<sup>1</sup>. Wis. Stat. § 49.472(4) (2013-14); see also, Wis. Admin. Code §§ DHS 103.04(9)(c) & 103.087(1) (July 2015) & *Medicaid Eligibility Handbook* ["MEH"], 26.5 & 39.10. If a person fails to pay the required premium their MAPP is terminated and they are put in a Restrictive Reenrollment Period ["RRP"] for 6 months during which time they cannot re-enroll in MAPP. Wis. Admin. Code § DHS 103.087(1)(i) (July 2015); MEH 26.5.6 & 26.6.1.

The amount of the monthly MAPP premium is determined by reference to a *Premium Schedule* set forth in Table 103.087. Wis. Admin. Code § DHS 103.087(1)(c)1. (July 2015) & MEH 26.5.1.5 & 39.10. The amount of the monthly premium depends on the sum of a person's monthly adjusted earned and adjusted unearned income. Wis. Admin. Code § DHS 103.087(1)(c)4. (July 2015) & MEH 26.5.1. & 39.10.

Petitioner does not claim that there has been any error in the calculation of her monthly adjusted earned and adjusted unearned income. Before the January 2016 increase of \$4 in her monthly Social Security income petitioner's monthly adjusted earned and adjusted unearned income (after allowing for all applicable deductions) was \$122.91. After the January 2016 increase of \$4 in her monthly Social Security income petitioner's monthly adjusted earned and adjusted unearned income (after allowing for all applicable deductions) was \$126.91 (\$4 more).

The *Premium Schedule* set forth in Table 103.087 shows that for adjusted income amounts between \$100.01 and \$125.00 the premium is \$100.00 per month. It also shows that for adjusted income amounts between \$125.01 and \$150.00 the premium is \$125.00 per month. Effective January 1, 2016 petitioner's monthly adjusted income was \$126.91. Therefore, it was correct to increase petitioner's MAPP premium from \$100/month to \$125/month effective January 1, 2016.

Petitioner objects because a \$4 increase in her Social Security resulted in a \$25 increase in her MAPP premium. Petitioner's objection is most understandable -- but, by law, petitioner's MAPP premium must be set at \$125/month.

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<sup>1</sup> For 1 person 150% of the FPL is \$1,458.75 per month. MEH 39.5.

**CONCLUSIONS OF LAW**

For the reasons discussed above, it was correct to increase petitioner's MAPP premium from \$100/month to \$125/month effective January 1, 2016.

**NOW, THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby 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 10th day of February, 2016

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\sSean P. Maloney  
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 10, 2016.

La Crosse County Department of Human Services  
Division of Health Care Access and Accountability