



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MAP/149020

PRELIMINARY RECITALS

Pursuant to a petition filed April 26, 2013, under Wis. Stat., §49.45(5), to review a decision by the Oneida County Dept. of Social Services in regard to Medical Assistance (MA), a hearing was held on June 13, 2013, by telephone.

The issue for determination is whether the county correctly determined a Medicaid Purchase Plan (MAPP) premium when petitioner began to receive a pension.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: Heidi Nehls

Oneida County Dept. of Social Services
P.O. Box 400
Rhinelander, WI 54501

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider

Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Oneida County.
2. Until May, 2013, petitioner was eligible for MAPP with no premium. Her monthly income was \$1,080 social security.
3. In April, 2013 petitioner reported that she began to receive a monthly pension of \$350.98. When that amount was added to the social security, petitioner's monthly income increased to \$1,430.98. Petitioner also receives \$17.50 per month in earned income.

4. Effective May 1, 2013, petitioner was informed that she now had to pay a MAPP premium of \$525 per month.

DISCUSSION

The MAPP program allows disabled individuals to work but to retain eligibility for MA. Wis. Stat., §49.472; MA Handbook, Appendix 26.1. If net income is below 250% of the federal poverty level, the person is eligible for the program. Wis. Admin. Code, §HFS 103.03(8)(b); Handbook, App. 26.4.2. 250% of the poverty level is \$2,393.75. Handbook, App. 39.5, as updated by BEPS/DFS Operations Memo no. 13-02, dated 2/4/13 and effective 3/1/13. Petitioner’s income is well below that level.

If gross income is above 150% of the federal poverty level, the person is required to pay a monthly premium to receive MAPP benefits. Wis. Admin. Code, §HFS 103.087(1)(b); MA Handbook, App. 26.5.1. 150% of the federal poverty limit for one person is \$1,436.25. Handbook, App. 39.5. Petitioner’s gross income of \$1,448.48 per month is over that limit.

To determine the premium, the agency deducts a \$20 disregard and an earned income deduction (in this case the entire \$17.50 is deducted) to get net income. Then a standard living allowance of \$740 is deducted. Handbook, App. 26.5.1 and 39.4.2. There are also deductions for work expenses, remedial medical expenses, and cost-of-living adjustments. Remedial medical expenses are anticipated expenses that include deductibles and co-payments, health insurance premiums, and bills for medical services that are not covered by the MA program. Handbook, App. 15.7.3.

In petitioner’s case, her net income for premium purposes was \$546.50, and the premium for income in that range is \$525. Handbook, App. 39.10.

Petitioner asks that I make an exception because her gross income is only \$12 over the MAPP limit. I can find no authority for doing so. It appears that the county correctly determined petitioner’s monthly premium. It seems odd that a premium would go from nothing to \$525 based upon a \$350 income increase, but obviously that is what happens in this program.

I do note that one way to get below the premium limit of \$1,436.25 would be to reduce earned income. It is unclear whether petitioner could do so.

CONCLUSIONS OF LAW

The county correctly determined a MAPP premium when petitioner’s income increased.

THEREFORE, it is ORDERED

That the petition for review herein be and the same is hereby dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found 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 served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 20th day of June, 2013

\sBrian C. Schneider
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 June 20, 2013.

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