



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of:

[REDACTED]
[REDACTED]
c/o [REDACTED]
[REDACTED]
[REDACTED]

DECISION

MAP/162795

PRELIMINARY RECITALS

Pursuant to a petition filed December 18, 2014, 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 February 10, 2015.

The issue for determination is whether petitioner’s change income is effective for his November 2014 Medical Assistance Purchase Plan [“MAPP”] premium calculation.

There appeared at that time via telephone the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
c/o [REDACTED]
[REDACTED]
[REDACTED]

Represented by:

[REDACTED] [REDACTED], petitioner’s brother &
Legal Guardian
[REDACTED]
[REDACTED]

Respondent:

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

BY: Thomas Miller, 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 # [REDACTED]; 58 years old) is a resident of La Crosse County, Wisconsin.
2. Petitioner is receiving MAPP and in November 2014 had a MAPP premium.
3. On December 5, 2014 petitioner reported a change in his income; this change in income caused petitioner's December 2014 MAPP premium to be reduced to zero.
4. The County's calculation of petitioner's November 2014 MAPP premium did not take into account petitioner's December 5, 2014 reported change in income.

DISCUSSION

Individuals who are eligible for MAPP may be required pay a monthly premium unless their income is below 150% of the Federal Poverty Level ["FPL"]¹. Wis. Stat. § 49.472(4) (2013-14); see also, Wis. Admin. Code §§ DHS 103.04(9)(c) & 103.087(1) (December 2008) & *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) (December 2008); 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. (December 2008) & 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. (December 2008) & MEH 26.5.1. & 39.10.

Petitioner does not claim that there has been any error in the calculation of his December 2014 MAPP premium (which is zero). However, petitioner argues that his December 5, 2014 reported change in income should be effective for his November 2014 premium. Petitioner's argument must fail. Changes in income must be reported within 10 days. MEH 26.7.1; See also, Wis. Admin. Code § DHS 103.087(1)(f)2. (December 2008). The effective date of a change that results in a reduced premium or no premium is the month of change or the month of report, whichever is later. MEH 26.7.2. In this case that is December 2014 (not November 2014).

CONCLUSIONS OF LAW

For the reasons discussed above, petitioner's change income is not effective for his November 2014 MAPP premium calculation.

NOW, THEREFORE, it is

ORDERED

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

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

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 25th day of February, 2015

\sSean P. Maloney
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on February 25, 2015.

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