



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

Redacted case name

DECISION

MAP/164415

PRELIMINARY RECITALS

Pursuant to a petition filed March 02, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Marquette County Department of Human Services in regard to Medical Assistance, a hearing was held on April 21, 2015, at Montello, Wisconsin.

The issue for determination is whether the correct MAPP premium is \$350.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

Redacted petitioner name

Respondent:

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

By: Redacted signature

Marquette County Department of Human Services
480 Underwood Avenue
PO Box 99
Montello, WI 53949-0099

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # Redacted) is a resident of Marquette County.
2. Petitioner has been enrolled in MAPP.

3. Petitioner had an increase in his income (SSDI) to \$1,180 for 2015.
4. The agency calculated a \$350 premium for MAPP which increases it from last year's premium.
5. Petitioner appealed.

DISCUSSION

In general, a person can be eligible for MAPP if her countable income is less than 250% of the federal poverty level for one person of \$2,431.25, as here. See, *Medicaid Eligibility Handbook*, §26.4.2; § 39.5. However, persons with countable income in excess of 150% of the federal poverty level must pay a monthly premium. The 150% premium income limit for a one person MAPP household is \$1,396.25, as found by the agency. See, *Medicaid Eligibility Handbook*, § 26.5.1; § 39.5. A person with "premium adjusted unearned income" for premium computational purposes of \$366.49 (after allowable deductions including the \$824 deduction for the MAPP related standard living allowance per *Medicaid Eligibility Handbook*, § 39.4.2), must pay a monthly premium of \$350. See, *Medicaid Eligibility Handbook*, § 26.5.1; § 39.10.

I have reviewed the agency's computations of the premium, and I can find no error. Nor has the petitioner pointed to any specific errors. Rather, he questions why a relatively small increase in income resulted in as large an increase to the premium.

The answer is that the MAPP policies and law require this premium level for countable income after applicable disregards are considered. In the petitioner's case, the net result is exacerbated by the fact that petitioner appeared to have been charged a lower premium than he should have been charged in 2014. See, *Medicaid Eligibility Handbook*, § 26.5.1. In any event, I can find no error, and I must conclude that the agency correctly determined his premium.

CONCLUSIONS OF LAW

The Department did not err in its notice to petitioner that he would be required to pay a \$350 premium if enrolled in the MAPP Program.

THEREFORE, it is

ORDERED

That this 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, 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 1st day of May, 2015

\sJohn P. Tedesco
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 May 1, 2015.

Marquette County Department of Human Services
Division of Health Care Access and Accountability