



Wisconsin Medicaid Purchase Plan (MAPP) Consumer Guide

Language Assistance

English

Call Member Services at 800-362-3002, 711, or 800-947-3529 (TTY) for translation or help understanding this handbook.

Spanish

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 800-362-3002, 711 o 800-947-3529 (TTY).

Russian

Если вам не всё понятно в этом документе, позвоните по телефону 800-362-3002, 711 или 800-947-3529 (TTY).

Hmong

Yog xav tau kev pab txhais cov ntaub ntauv no kom Koj totaub, hu rau 800-362-3002, 711 los sis 800-947-3529 (TTY).

Hearing Impaired

For help to understand this document, please call TDD/TTY 800-291-2002.

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 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Information written in other languages

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf>.

Table of Contents

| | |
|--|-----------|
| Medicaid Purchase Plan (MAPP) | 5 |
| Covered Benefits | 6 |
| Eligibility | 7 |
| General Requirements | 7 |
| Financial Requirements | 8 |
| Applying | 9 |
| MAPP and Long-Term Care | 10 |
| Work Requirement | 11 |
| Work at Least Once Per Month | 12 |
| Health and Employment Counseling | 12 |
| Work Exemptions | 13 |
| Premiums | 14 |
| Calculating Your Monthly Premium | 15 |
| Making Premium Payments | 16 |
| Temporary Premium Waivers | 17 |
| Non-Payment of Premiums | 18 |
| Premium Refunds | 18 |
| Reporting Changes | 19 |
| Independence Accounts | 20 |
| Existing Retirements Accounts | 22 |
| Reenrolling | 23 |
| Contact Us | 24 |
| Application and Eligibility | 24 |
| Covered Services and Other Questions | 24 |
| Website | 24 |
| Glossary | 25 |



Medicaid Purchase Plan (MAPP)

The Medicaid Purchase Plan (MAPP) offers Medicaid health care coverage to adults with disabilities who are working or are interested in working.

MAPP benefits are the same as those for other Medicaid members. **In addition, with MAPP you can:**

- Earn more income and have more assets without the risk of losing your health care or long-term care coverage.
- Save earnings in Independence Accounts, helping you reach personal and financial goals.

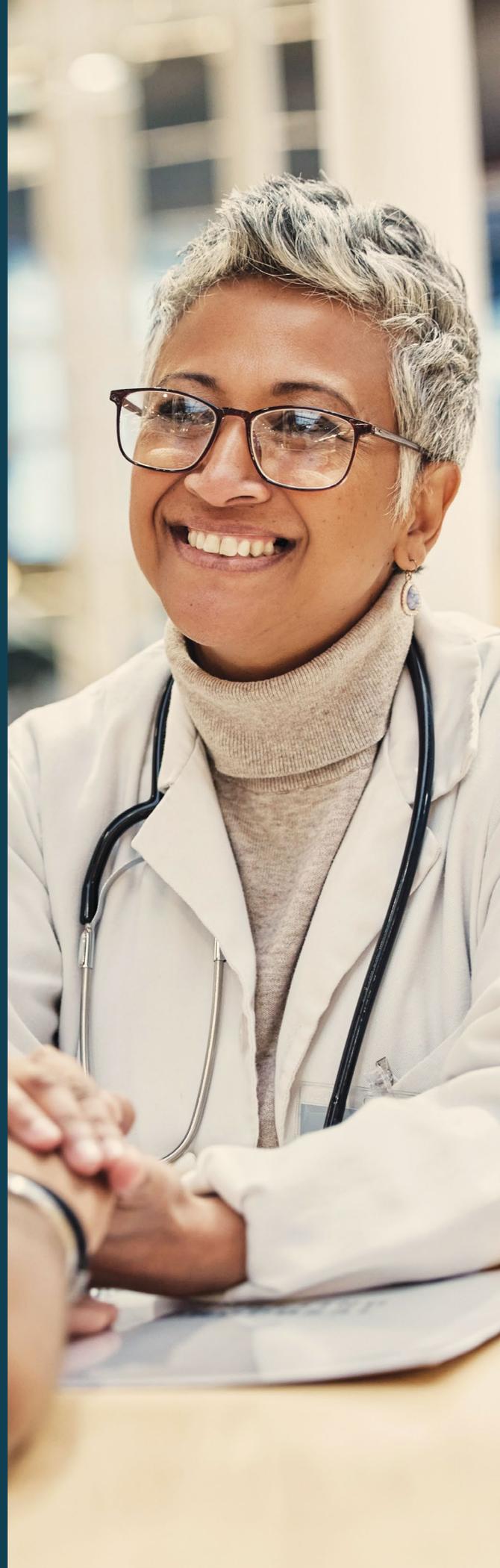
MAPP is not a family health plan. If you meet the requirements, you are the only person who will be covered by MAPP.

Covered Benefits

- ◆ Doctor visits
- ◆ Immunizations
- ◆ Hospital care
- ◆ Medical equipment
- ◆ Hearing services, including hearing aids
- ◆ Lab and X-ray services
- ◆ Transportation to Medicaid services
- ◆ Vision care, including eyeglasses
- ◆ Prescription drugs
- ◆ Family planning services and supplies
- ◆ Speech therapy
- ◆ Mental health services
- ◆ Dental services

Call Member Services at 800-362-3002 if you have questions about covered services.

Go to dhs.wi.gov/medicaid/mapp to find MAPP forms, frequently asked questions, and more.





Eligibility

General Requirements

To enroll in MAPP, you must:

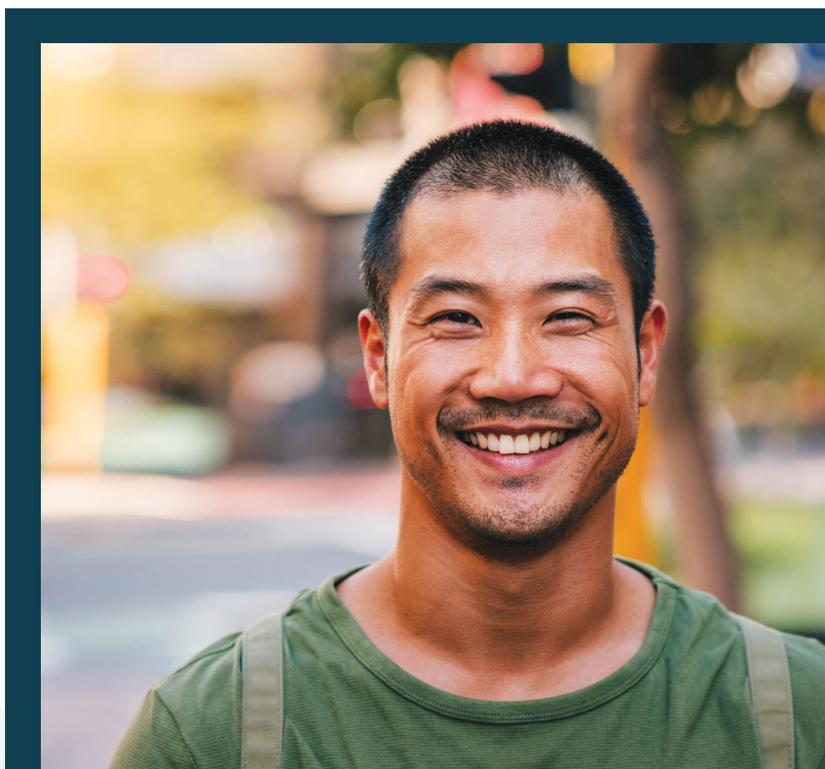
- Be at least 18 years old.
- Live in Wisconsin.
- Be a U.S. citizen or qualifying immigrant.
- Provide your Social Security number or proof that you have applied for one.
- Be a person with a disability as determined by the Disability Determination Bureau.
- Meet the MAPP work requirement (refer to page **11**).
- Pay a monthly premium, if required (refer to page **14**).

Financial Requirements

Your net income (and that of your spouse, if you have one) must be at or below 250% of the federal poverty level (FPL), based on your family size. Go to dhs.wi.gov/medicaid/fpl.htm to find the current FPL guidelines. Your net income is your gross income minus certain deductions.

Types of deductions include:

- Impairment-related work expenses (IRWEs). These are costs for things or services you need for work because of your disability, including installation, maintenance, and associated repair costs. Examples: modified audio/visual equipment, typing aides, specialized keyboards, prostheses, reading aids, wheelchairs, and vehicle modification. See the **Glossary** on page **25** for more information.
- Out-of-pocket medical, remedial, and long-term care expenses for you and your spouse more than \$500 a month. These expenses cannot be paid by Medicare, Medicaid, other insurance, or anyone else.
- Earned income deduction. To calculate your earned income deduction, **1)** subtract \$65 from your monthly income that you get from working; **2)** divide the result by two; then, **3)** add \$65.
- Your assets must be \$15,000 or less. For MAPP, only your own assets count, not your spouse's. The assets that count for MAPP include cash, checking and savings accounts, certificates of deposit, stocks and bonds, some life insurance policies, some annuities, and some burial assets. See the **Independence Accounts** section on page **20** for more information.



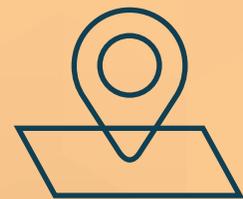
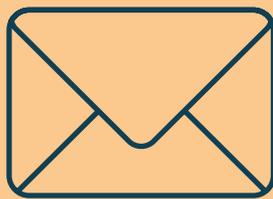


Applying

You can apply for MAPP online through ACCESS. Log in or create an account at access.wi.gov.

You can also apply:

- **By mail.** Download **Wisconsin Medicaid for the Elderly, Blind, or Disabled Application Packet, F-10101** at dhs.wi.gov/library/collection/f-10101.htm.
- Through your **agency**, by **phone**, or **in person**. Find your agency at dhs.wi.gov/im-agency.





We may need other information in addition to your application to find out if you can enroll. If so, you will get a letter that tells you what's needed and when it is due. We often ask for documents that show your income, assets, and work activities.

Usually, we can make a decision about your benefits within 30 days. If you are waiting for the Disability Determination Bureau to make a disability determination, it may take longer. You may also have to pay a premium to enroll.

If you meet all the MAPP rules, your benefits will start the month you apply. You can also ask to have your MAPP benefits start earlier than the month you apply. This is called backdated coverage.

MAPP and Long-Term Care

To be enrolled in an adult long-term care program (Family Care, Family Care Partnership, IRIS, or PACE) you must also be enrolled in and stay enrolled in a full-benefit Wisconsin Medicaid health care program.

The Medicaid Purchase Plan (MAPP) is one type of full-benefit Medicaid health care program that allows you to enroll in a long-term care program. If you are enrolled in MAPP, you must meet all MAPP program requirements to stay enrolled. That includes paying your MAPP premium on time, if you owe one.

If you are enrolled in both MAPP and an adult long-term care program (Family Care, Family Care Partnership, IRIS, or PACE) and you don't pay your MAPP premium, you could be disenrolled from your long-term care program as well.



Work Requirement

There are three ways you can meet the work requirement:

- Work at least once per month.
- Enroll in Health and Employment Counseling (HEC).
- Have a work requirement exemption.

Volunteer hours do not meet the work requirement. If you have questions about how you can meet the work requirement, call your local agency.

Work at Least Once Per Month

Eligible work includes:

- Having a job where you get wages from an employer.
- Being self-employed with a business that gives you income at least once a month.
- Doing in-kind work, which means that you provide a service for someone, and in return, they give you food, goods, or services (not money). **Examples of in-kind work include:**
 - Doing yard work for a neighbor in exchange for a meal.
 - Taking care of a friend's dog in exchange for free or reduced-price housing.



Health and Employment Counseling

HEC is a pre-employment program that lets you get MAPP benefits while you look for a job. You'll make an action plan to help you find work that aligns with your goals and skills.

Enrollment is limited to nine months with a possible three-month extension. You may enroll in HEC twice within a five-year period. There must be at least six months between the end of your first and the start of your second enrollment.

You can download and print a HEC application at dhs.wi.gov/library/f-00004.htm. Or, contact your local agency for a copy or call the HEC program coordinator at 866-278-6440 to have a copy mailed to you.

Work Exemptions

If you have a health-related hardship that stops you from working for a short period of time, you may apply for an exemption to stay in MAPP for up to six months without a work activity. A health-related hardship means that your mental or physical health makes you temporarily unable to do a work activity or participate in HEC.

To get a work exemption, you must meet all of these rules:

- Have been enrolled in MAPP for the last six consecutive months.
- Currently be enrolled in MAPP and have paid any MAPP premiums owed at the time of the request.
- Expect to return to your work activity or HEC program within the next six months.
- Provide a statement from your medical provider as proof that you cannot work or participate in the HEC program due to a mental or physical health-related hardship. This statement should also have the onset date of your health-related hardship and your expected date of recovery.
- Not have been exempted from the work requirement for more than 12 months in the last 36 months.



Fill out **Medicaid Purchase Plan Work Requirement Exemption, F-10127**, which can be found at dhs.wi.gov/library/F-10127.htm, to ask for an exemption.

You have to pay any premiums due while you are exempt from the work requirement.



Premiums

Most MAPP members must pay a monthly premium to get health care coverage. We'll send you a letter if you have to pay a premium and let you know how much it is. Premiums are based on your individual income and start at \$25 per month.

If your total gross monthly income for one person is above 100% of the federal poverty level, you will have to pay a premium. Your gross income is the amount you get each month before any taxes or deductions are taken out.

Federal poverty levels can be found on the Department of Health Services website at dhs.wi.gov/medicaid/fpl.htm.

Calculating Your Monthly Premium

The following is an example of how to calculate a premium amount for someone with \$2,000 in income and \$300 in expenses using the 2025 FPL:

| | |
|--|--------------|
| Start with your gross monthly income | \$2,000 |
| Subtract any allowed expenses | - \$300 |
| This gives you your net income | = \$1,700 |
| Subtract the FPL for group size of one | - \$1,304.17 |
| If the result is negative, change it to zero | = \$395.83 |
| Multiply by 0.03 | x 0.03 |
| Amount of additional premium based on income | = \$11.87 |
| Add the minimum premium amount | + \$25 |
| Total premium before rounding | = \$36.87 |
| Round down to nearest whole dollar | \$36 |

Your premium amount may change as a result of:

- A change in the federal poverty level.
- Changes in income or expenses.
- Deposits you make to your Independence Accounts. If they are more than 50% of your annual earnings in any year, a penalty will be added to your premium for your next year of coverage.

If your income or your expenses go up or down after your premium has been calculated, tell your agency within 10 days of your change. If the change affects your premium, you will get a letter with the new amount you owe.

Making Premium Payments

Before you can enroll in MAPP, you must pay the full premium for the current month and premiums for any months of requested backdated eligibility.

If you owe a premium, you will get a letter telling you how to pay your initial MAPP premium and the total amount due.

After your initial payment, premium payments are due by the **10th of each month**. We will send you a premium statement in advance as a reminder. We can also send you text and email reminders if you have agreed to receive these.

There are several ways you can pay your initial MAPP premium:

- On the ACCESS website at access.wi.gov with a credit card, debit card, checking account, or savings account.
- Through the MyACCESS mobile app.
- By mailing your completed premium statement and check or money order to:

Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187

Once you've made your initial premium payment, you can set up automatic monthly payments.

- Set up recurring payments with ACCESS AutoPay at access.wi.gov. You can pay by credit card, debit card, checking account, or savings account.



Another person, such as an employer or relative, may pay your premium for you.

You are still responsible for making sure it's paid on time.

- You can have the amount taken out of your paycheck with **wage withholding**, if offered by your employer. Fill out **Medicaid Purchase Plan Premium Employer Wage Withholding, F-13024**, which can be found at dhs.wi.gov/forms/f1/f13024.pdf.
- With **electronic funds transfer** your monthly premium is automatically withdrawn from your bank account. Fill out **Medicaid Purchase Plan Premium Member/Employer Electronic Funds Transfer, F-13023**, which can be found at dhs.wi.gov/forms/f1/f13023.pdf.

Temporary Premium Waivers

If you owe a premium but are having trouble paying your premium due to a hardship or difficult situation, you may be able to apply for a temporary waiver of your premium. A temporary waiver means that you are asking to not pay the amount due for up to 12 months.

Examples of difficult situations include unexpected expenses related to work, having an unexpected expense that may take a few months to pay off, or not being able to find child care.

To ask for a temporary waiver of your premium, fill out **Request for a Temporary Waiver of your Medicaid Purchase Plan Premium Because of a Difficult Situation, F-02603**, which can be found at dhs.wi.gov/library/f-02603.htm.

You must also provide proof of what is making it difficult for you to pay your MAPP premium. For example, if you have had unexpected vehicle expenses, you could include a receipt from the auto shop. Once your form is submitted, your agency will make a decision within 30 days.





Non-Payment of Premiums

If your monthly premium is not paid, your MAPP benefits will end unless a Temporary Premium Waiver is in place.

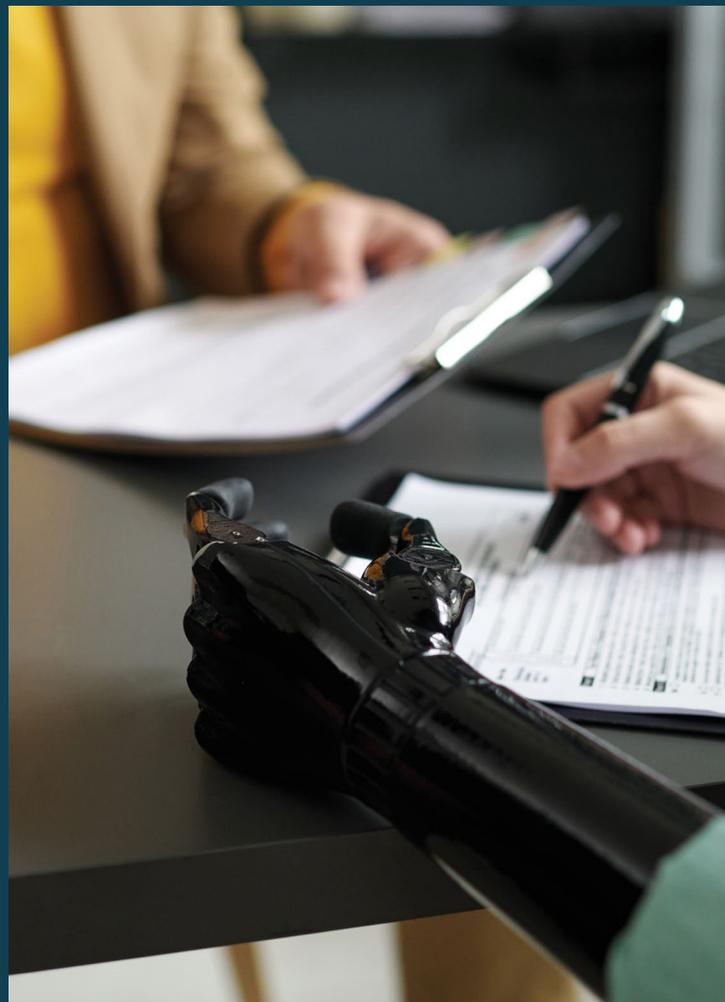
You can keep coverage if:

- Your late premium payment is processed on or before the last day of the month after the premium was due.
- You re-request MAPP. A premium may be due for the month MAPP is re-requested.

Premium Refunds

We will refund your monthly premium payment if your total income dropped to or below 100% of the federal poverty level. You must report this change within 10 days of when the change occurred and provide proof if we ask for it in order to get a refund.

We will also issue you a refund if you become ineligible or get approved for a temporary premium waiver for a month you've already paid for.





Reporting Changes

You must tell your local agency within 10 days of any change in:

- Your address or where you live
- Who lives with you
- Marital status
- Your income
- Your in-kind work
- Your assets that might put you over the \$15,000 asset limit for MAPP
- Medical or remedial expenses, including if you had an expense that you used to pay out of pocket but MAPP is now paying for
- Impairment-Related Work Expenses (IRWEs)



Independence Accounts

An Independence Account is a financial account that is not counted toward your MAPP asset limit of \$15,000. Some examples of assets include:

- Savings, checking, money market, certificate of deposit, mutual fund, stock or bond accounts
- IRA or Roth IRA accounts
- Any employer-sponsored pension or retirement account

Independence Accounts allow you to:

- Save money from earnings without losing your MAPP coverage
- Save up to 50% of your annual gross earnings in the account

Here are the rules you need to know:

- You can only open an Independence Account when you find out you are enrolled in MAPP.
- You need to register all Independence Accounts with your agency by filling out **Medicaid Purchase Plan (MAPP) Independence Account Registration, F-10121**, which can be found at dhs.wi.gov/library/f-10121.htm.
- You must be the sole owner of any Independence Accounts.
- You must keep your Independence Accounts separate from all other countable assets.
- You cannot set aside the account you create as an Independence Account as burial funds.
- You cannot deposit income (earned or unearned) in an amount that is more than 50% of your total annual gross earned income over a 12-month period into your Independence Accounts. If you deposit more than this, your monthly premium will increase for 12 months due to a penalty that is based on how much you deposited.
- If you deposit money into an Independence Account (and it is not a retirement account) while you are not enrolled in MAPP, we will count all of the money in that Independence Account toward your \$15,000 asset limit.

Existing Retirement Accounts

If you already have a retirement or pension account when you enroll, you may register that account as an Independence Account. However, the initial amount within that account will be counted toward the \$15,000 asset limit.

Any deposits, interest, gains, or dividends added after a retirement or pension account becomes an Independence Account will be exempt from the \$15,000 asset limit, as long as they are accumulated while you are enrolled in MAPP.

In addition to Independence Accounts, there are a few other types of assets that don't count for MAPP. For example, the house you live in, most of your personal possessions, and one vehicle that you use for transportation.

Also, an Achieving a Better Life Experience (ABLE) account, if you have one, does not count towards the MAPP asset limit of \$15,000.





Reenrolling

If you have lost your MAPP health coverage, you may be able to reenroll in certain circumstances:

- If you lose MAPP benefits because your family income goes over 250% of the federal poverty level, you can reenroll if your income goes down again and you meet all the other program rules.
- If you lose benefits because your assets exceed the \$15,000 asset limit, you can reenroll if your assets go below \$15,000.
- If you lose benefits because you are no longer meeting the work requirement, you can reenroll once you are participating in a work activity, have an approved work requirement exemption, or are participating in HEC.
- If your eligibility ends because you did not pay your premium by the end of the month after it was due, call your local agency to ask about reenrolling in MAPP.

Contact Us

Application and Eligibility

For more information about applying for MAPP, eligibility forms, premiums, or registration of Independence Accounts, call your local agency. Find your agency at dhs.wi.gov/im-agency.

Covered Services and Other Questions

For information on covered services, providers, or other questions, call Member Services at 800-362-3002.

Website

For general information, visit the MAPP webpage at dhs.wi.gov/medicaid/mapp.

Glossary

Agency

Your agency is the local county or Tribal office that helps you with your state benefits. Your agency is responsible for enrolling you in MAPP and registering your Independence Accounts.

Family

For MAPP, a family is the applicant, the applicant's legal spouse, and any dependent, natural, or adoptive child(ren) who live with the applicant. Stepchildren are not included in the family group for MAPP.

Health and Employment Counseling (HEC)

This is the program certified by the Department of Health Services to help you plan for reaching your work goals. For more information, call the HEC coordinator at 866-278-6440.

Impairment-Related Work Expense (IRWE)

An IRWE is the cost for items or services that you need to work because of an impairment. For example, if you needed a service animal to work, the cost of the animal, training, or even food, could be considered an IRWE. Other examples of IRWEs include modified audio/visual equipment, typing aids, specialized keyboards, prostheses, reading aids, vehicle modification (plus installation, maintenance, and associated repair costs), and wheelchairs.

You pay for IRWE expenses out of pocket. They are subtracted from your gross income before we decide if your income is over the 250% FPL to be eligible for MAPP. We also subtract IRWEs from the income we use to set your premium amount. IRWE expenses may lower your premium amount.

Independence Accounts

These are financial accounts that you open or existing retirement accounts that are exempt from the \$15,000 asset limit for MAPP. Independence accounts allow you to save some money from earnings without losing MAPP benefits.

Initial Premium Payment

This is the full premium for the first month that must be paid before you can be enrolled in MAPP.

Medicaid Purchase Plan (MAPP)

The Medicaid Purchase Plan is a program that allows adults with disabilities who are working or are interested in working the opportunity to enroll in health care coverage.

Medical Expenses

Medical expenses are anticipated, incurred expenses for services or goods that have been prescribed or provided by a licensed medical practitioner for diagnosis, cure, treatment, or prevention of disease or treatment affecting any part of the body. These are expenses that are the responsibility of the member and cannot be paid by any other source, such as Medicare, Medicaid, private insurance, or employer.

Examples of medical expenses include:

- Deductibles and copayments for Medicaid, Medicare, and private health insurance
- Health insurance premiums
- Bills for medical services that are not covered by Wisconsin Medicaid

Member

A person who is enrolled in MAPP.

Remedial Expenses

Remedial expenses are costs for services or goods that are provided to relieve, remedy, or reduce a medical or health condition. These expenses are a member's responsibility and cannot be paid by any other source, such as Medicaid, private insurance, or employer.

Examples include:

- Case management
- Daycare
- Housing modifications for accessibility
- Respite care
- Supportive home care
- Transportation

Remedial expenses do not include housing or room and board services.