



Wisconsin Medicaid Purchase Plan (MAPP) Consumer Guide

Language Assistance

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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).

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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>.

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Eligibility, Application, and Covered Services

What is MAPP?

The Medicaid Purchase Plan (also known as MAPP) is a program that allows adults with disabilities who are working, or are interested in working, to enroll in health care coverage.

MAPP offers working adults with disabilities the opportunity to:

- Get Medicaid health care benefits
- Earn more income without risking their health care or long-term care coverage
- Have more assets without risking their health care or long-term care coverage
- Save earnings in Independence Accounts, allowing them to reach personal and financial goals

Your agency reviews your application and renewals for MAPP and determines whether you can enroll. When we say “your agency,” we mean the county, tribal, social, or human services department that is part of an Income Maintenance consortium. To find your agency, visit dhs.wi.gov/im-agency. This agency is responsible for certifying your MAPP eligibility, notifying you about your eligibility, and registering your Independence Accounts.

MAPP benefits are the same as those for other Medicaid members. If you are enrolled in MAPP, you can become eligible for Long-Term Care Medicaid programs such as Family Care, Family Care Partnership, PACE, IRIS, or the Children’s Long-term Support Waiver Program if you meet the rules for those programs.

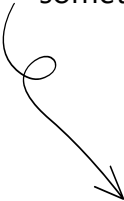


Can I Enroll in MAPP?

To enroll in MAPP, you must meet both non-financial and financial requirements.

Non-Financial Requirements

- You must be at least 18 years old.
- You must live in Wisconsin.
- You must be a citizen or qualifying immigrant.
- You must pay for medical care for any of your children living in your home through insurance or direct payment (this is known as medical support liability).
- If you have private health insurance, that insurance must pay for any medical services before your MAPP benefits pay for services (this is known as third party liability).
- You must provide your social security number or proof that you have applied for a social security number.
- You must pay a premium, if required.
- You must be determined disabled by the Disability Determination Bureau, regardless of your age. This can be a regular disability determination or a determination that you are disabled for purposes of MAPP, also known as "MAPP disabled."
- You must be self-employed, working for someone else for money, or doing in-kind work. In-kind work means that you provide a service for someone and in return, that person gives you something of value, like goods, services, or food.



Example of in-kind work: Sue weeds her neighbor's garden an hour a week in exchange for a hot meal.



If you are not currently doing any of these things but want to start, you may also meet this rule through the Health and Employment Counseling (HEC) program. For more information on HEC, call 866-278-6440.

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, based on your family size. To find out more about the federal poverty level, visit dhs.wi.gov/medicaid/fpl.htm. If you have minor dependent children (natural or adoptive, but not stepchildren), your family size includes them.

Net income is calculated by subtracting exemptions from your gross income. Gross income is your total income before any taxes or other deductions are taken out. Exemptions include:

- Impairment-related work expenses (also known as IRWE). These are costs for items or services that you need in order to work because of your disability such as modified audio/visual equipment, typing aides, specialized keyboards, prostheses, reading aids, wheelchairs, vehicle modification, installation, maintenance, and associated repair costs. See the **Glossary** on page 18 for more information on impairment-related work expenses.
- You and your spouse's out-of-pocket medical, remedial, and long-term care expenses, if those expenses are over \$500 a month. These are expenses that cannot be paid by anyone else, including Medicare, Medicaid, or any other insurance.
- Earned income deduction. To calculate the earned income deduction, 1) subtract \$65 from your monthly income that you get from working; 2) divide the result by two; and finally, 3) add \$65.

Example: Michelle's monthly income is \$1,240. To determine her earned income deduction, Michelle takes her monthly income, \$1,240 and subtracts \$65, the amount is \$1,175. Next, Michelle divides that result (\$1,175) by two, the amount is \$587.50. This is the countable income. Finally, Michelle adds \$65 to that amount \$587.50. Michelle's earned income deduction is \$652.50.

- Your assets must be \$15,000 or less. For MAPP, only your own assets count, not the assets of your spouse, although there are a few special rules about joint assets. 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. Some assets don't count, like the house you live in, most of your personal possessions, and one vehicle if used for your transportation. See the **Independence Accounts and Re-Enrollment** section on page 14 for more information on assets we don't count.



If you meet the rules, you are the only person who will be covered by MAPP. This is not a family health plan. Your agency will tell you if you meet the rules for MAPP.

How Do I Apply for MAPP?

You can apply for MAPP any of the following ways:



Online through ACCESS: access.wi.gov.



Mail: use the Wisconsin Medicaid for the Elderly, Blind, or Disabled Application Packet which can be found at dhs.wi.gov/forms/f1/f10101.pdf.



Telephone interview: call your agency.



In person at your agency. To find your agency, visit dhs.wi.gov/im-agency.

After you apply, you may be asked to give proof of the following information:

- Your employment, self-employment, or in-kind work activity
- Your income
- Your assets

Your agency may need other information to find out if you can enroll. If more information or proof is needed, you will get a letter that tells you what is needed and when it is due.

MAPP Enrollment Notification

Your agency will make a decision about your benefits within 30 days of when you apply for MAPP. If your agency is waiting for the Disability Determination Bureau to make a disability determination, the wait may be longer. If you are enrolled in MAPP, your benefits will go back to the first day of the month you submitted your application.

You can also ask your agency to have your MAPP benefits go back three months before you submitted your application, if you can show you met all of the MAPP rules during those months. This is called backdated coverage.

Can I Enroll in MAPP and Enroll in Other State Programs?

Once you are enrolled in MAPP you may be able to enroll in other programs, such as Family Care, Family Care Partnership, PACE, or IRIS. You must meet the rules for these programs to enroll. If you meet those rules and you have MAPP, you won't have other cost sharing rules to enroll in those programs. If you are interested in these programs, please contact your local Aging and Disability Resource Center, listed at dhs.wi.gov/adrc/consumer/index.htm.

What Does MAPP Cover?

MAPP covers the following services:

- 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

If you have questions about covered services, please call 800-362-3002.

Work Exemption

What is a Work Exemption?

If you are currently in MAPP, you have been in MAPP for at least six months, and you have a health-related hardship that prevents you from working, you may apply for a work exemption for up to six months. A work exemption lets you stay on MAPP for up to six months without having a work activity.

A health-related hardship means that your mental or physical health makes you unable to do a work activity or be in HEC. In order to get a work exemption, you must meet all of the following rules:

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

Your agency will ask you to fill out a form to ask for the work exemption and to give proof that you need a work exemption, such as a letter from your doctor. If you have to pay a MAPP premium, you will still have to pay it.

Premiums

Will I Have to Pay a Premium?

To decide if you owe a monthly premium, we look at your total monthly income. For premiums, we only look at your income, not the income for your whole family. We look first at your gross income, which is the amount of income you get each month before any kind of taxes or other deductions are taken out. If you get Social Security Retirement and you also pay for your Medicare Part B premium, your total monthly income is the amount of your Social Security Retirement amount before you have paid for your Medicare Part B premium.

Example: Trey gets \$1,200 a month in Social Security Retirement and \$500 a month from work. Trey has his Part B premium of \$150 a month taken out of his check before he gets it, which leaves Trey with \$1,050 in Social Security Retirement. He gets a check for \$450 a month from work, because his taxes of \$50 are taken out of his check before he gets it. His total gross income each month is \$1,700. When we decide if Trey is going to pay a premium each month, we must look at \$1,700, even though he pays his Medicare Part B premium and taxes out of his income each month.

If your total gross monthly income is at or below 100% of the federal poverty level for one person, you will not have to pay a premium. If your total gross monthly income for one person is above 100% of the federal poverty level, you will have to pay a premium for MAPP. Federal poverty levels can be found on the Department of Health Services website at dhs.wi.gov/medicaid/fpl.htm.

You will get a letter that tells you whether or not you will have to pay a premium and, if you do, how much you will have to pay. Premiums will be on a sliding scale, depending on your income, and will start at \$25 per month. To calculate your premium amount, your agency will use only your income and expenses, not the income and expenses of any other family members.

Below is how your agency will calculate your monthly premium amount:

1. Subtract out-of-pocket medical and remedial expenses and out-of-pocket IRWEs from the total gross monthly income. The amount left after these deductions are made is your income.
2. Take the income from above and subtract 100% FPL for a group size of 1. If this results in a negative number, change it to zero.
3. Multiply the amount in #2 by 3% (.03). If there are any cents, round down to the nearest whole dollar amount.
4. Add \$25 to the amount in #3. This amount is your monthly premium.



Example: John's gross monthly income is \$2,000. He will be required to pay a premium. To calculate the premium, (1) we take \$2,000 and subtract any allowed expenses. John's monthly medical, remedial, or long term care expenses are \$300. We take \$2,000 and subtract \$300, the amount is \$1,700. (2) In 2023, 100% FPL is \$1,215 (this amount usually increases every year by a small amount). If we subtract that from the \$1,700, the amount is \$485. (3) We take \$485 and multiply it by .03 to get \$14.55. (4) Finally, add the \$14.55 to the minimum premium amount of \$25. John's premium is \$39 each month until he reports a change in income or expenses.

Income Changes and Their Effect on Premiums

Your premium amount may change as a result of:

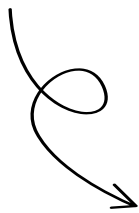
- A change in the federal poverty level
- Changes in income or expenses
- Deposits you make to your Independence Accounts of more than 50% of your annual earnings in any year (a penalty will be added to your premium for your next year of coverage)

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 in income or expenses that you report changes your premium, you will get a letter with your new premium amount.

Paying Premiums

Before you can enroll in MAPP, you must pay the full premium for the current month and premiums for any months of backdated coverage. Backdated coverage is coverage you may have asked for to cover the months before you applied. You must make this payment to your agency by check or money order, not cash. You will get a premium coupon telling you where to mail your first MAPP premium and the total amount due.

After your first payment, each premium payment is due by the 10th of every month and is for that same month of coverage. For example, your premium for the month of December is due by December 10. If we have not gotten your payment by the end of the month, your MAPP benefits will end.



Pay Online Starting January 2024

After your first payment, you can pay your premium with a credit card, debit card, or checking or savings account through the MyACCESS mobile app or the ACCESS website at access.wi.gov.

After the first payment, you may choose one of the following ways to pay your premium:

- Pay directly by check or money order: MAPP will send you a bill each month.
- Wage withholding (if offered by your employer): your premium will then be taken out of your paychecks if you and your employer fill out the F-13024 Medicaid Purchase Plan Premium Employer Wage Withholding form which can be found at dhs.wi.gov/forms/f1/f13024.pdf.
- Pay by Electronic Funds Transfer: MAPP will automatically withdraw your premium each month from your bank account if you fill out the F-13023 Medicaid Purchase Plan Premium Member/ Employer Electronic Funds Transfer form, which can be found at dhs.wi.gov/forms/f1/f13023.pdf.

You must pay monthly premiums in full. Unless you are paying for months in the past that you owe, you should not pay more than one month's premium at a time.

Premium Nonpayment

If you do not pay your premium by the end of the month for which the premium is owed, your MAPP benefits will end. If you pay your premium with a check or automatic payment that is returned or refused, it will be considered nonpayment. You can make a late premium payment, but it must be received and processed before the last day of the month it was due in order to keep your MAPP benefits.

You might be able to get your benefits back if:

- We process your late payment on or before the last day of the month your payment was due.
- You ask to start MAPP again the month after you lost your benefits, or later. You may have to pay a premium for the month you ask to restart.

If you are having trouble paying your premium due to a hardship, you may be able to apply for a temporary waiver. Please see the section below on **Premium Waiver Due to a Difficult Situation** to learn more about how you can ask for a temporary premium waiver.

Premium Paid by Others

Another person, such as an employer or relative, may pay your premium for you. If someone else is paying your premium, it is your responsibility to make sure it is paid on time.

Premium Waiver Due to a Difficult Situation

If you owe a premium but cannot pay that premium because of a difficult situation, you may ask for a temporary waiver of your premium. A temporary waiver means that you are asking to not pay your premium for a short time.

Examples of a difficult situation are: 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. You may ask for this temporary waiver of your premium going back up to three months ago. You cannot ask for it to last more than 12 months total, so if you request a start date for the temporary waiver going back one to three months, the 12-month time period starts that month. You can ask for more than one temporary waiver.

Example: Dan was given a temporary waiver for three months because he was not able to find child care. Several months after the first waiver ended, he had an unexpected expense that required a four-month payment plan. Dan can ask for another temporary waiver for this new difficult situation.

To ask for a temporary waiver of your premium, you must fill out F-02603 Request for a Temporary Waiver of your Medicaid Purchase Plan Premium Because of a Difficult Situation, which can be found at dhs.wi.gov/forms/f02603.pdf. In addition to filling out this form, you must provide proof of the situation making it difficult for you to pay your MAPP premium. For example, if you have had unexpected vehicle expenses, you could include a receipt for payment of those expenses.

If you do not provide proof when you send in the form to request a temporary waiver, your agency will send you a letter asking for proof. If you do not provide proof within 10 calendar days from the date the letter is mailed, your request to not pay your MAPP premium will not be approved. Once your form is submitted, your agency will make a decision within 30 days.

Premium Refunds

MAPP will refund your premium payments when you have paid a premium for a month when:

- Your total income dropped to or below 100% of the federal poverty level. You must report this change in income within 10 days of which the change occurred and provide verification if we ask for it in order to get a refund.
- You request to be disenrolled from MAPP prior to the first day of that same month.
- You become ineligible for that month.
- You have been approved for a temporary waiver of premium for that month.

Reporting Changes

Remember that you must tell your agency within 10 days about any of the following changes:

- Any change in your address or where you live
- Any change in who lives with you
- Any change in expected tax filing status or tax dependents
- Any change in tax-related deductions
- Any change in marital status
- Any change in housing or utility bills
- Any increase in your income
- Any change in your assets that might put you over the \$15,000 asset limit for MAPP
- Any change in medical or remedial expenses, including if you had an expense that you used to pay out of pocket but MAPP is now paying for
- Any change with your job or your in-kind work, like a change in hours or rate of pay

Independence Accounts and Re-Enrollment

What is an Independence Account?

An Independence Account is a financial account that is not counted as an asset toward your MAPP asset limit of \$15,000. 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

Some examples of these accounts 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



The following rules apply to Independence Accounts that you open, such as checking accounts or savings accounts:

- You can only open an Independence Account on or after the date you find out you are eligible for MAPP.
- You may deposit other income, such as your Social Security benefits. You cannot deposit money from assets in this account. For example, if you inherit money, you should not deposit that into the Independence Account.
- You need to register all Independence Accounts with your agency by filling out the F-10121, Medicaid Purchase Plan (MAPP) Independence Account Registration, which can be found at dhs.wi.gov/forms/f1/f10121.pdf. The account cannot be opened until you are a MAPP member and should be registered as soon as you open the account.
- 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 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.

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.

Example: Sheila is enrolled in MAPP. She has an existing retirement account through her employer that currently has a \$5,000 balance. The \$5,000 was considered a countable asset when she enrolled in MAPP. Sheila registers the retirement account as an Independence Account with her agency. The first year that Sheila is a MAPP member, she deposits \$300 into her retirement account. She earns \$12 in interest that first year, bringing the total account balance to \$5,312. Of that total, the original \$5,000 still counts as an asset but the \$300 deposit and the \$12 in interest are exempt and don't count towards her asset limit.

If I Lose My MAPP Health Coverage, When Can I Re-Enroll?

If you lose MAPP benefits because your family income goes over 250% of the federal poverty level, you can re-enroll if your income goes down again and you meet all of the other program rules. The same is true if you lose MAPP benefits because your assets exceed the \$15,000 asset limit. If your assets go below \$15,000, you can reenroll. If you lose MAPP benefits because you are no longer meeting the work requirement, you can re-enroll in MAPP once you have a job or are participating in the HEC program.

If your eligibility ends because you reported to the agency that you no longer wanted to be enrolled in MAPP, for any reason, you may change your mind and re-enroll again if you meet the rules. In most cases, you will need to reapply for the program to find out if you still meet the rules.

If you stop getting MAPP and later re-enroll, your Independence Accounts and any interest, gains, or dividends from those accounts (except for the initial amount from a pension or retirement account) will not count toward the \$15,000 asset limit – **as long as you do not deposit money into a non-retirement Independence Account while you are not a MAPP member.** 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.

Example: Emily enrolled in MAPP from January to June. During that time she opened a savings account and registered it as an Independence Account, depositing a total of \$1,500 into the account. Emily lost her job when her employer closed. Her earned income decreased to \$0, and she became eligible for a type of Medicaid that was not MAPP in July. Emily was enrolled in that Medicaid program until December, when she found another job and moved back into MAPP when her income increased. Emily deposited \$100 into her savings account that she had registered as an Independence Account while she was not enrolled in MAPP. Because she deposited money into a non-retirement type of Independence Account while she was not enrolled in MAPP, the account can no longer be considered an Independence Account. The entire \$1,600 will now count as an asset.

Questions

Application and eligibility

For more information about applying for MAPP, eligibility forms, and registration of Independence Accounts, call your county or tribal agency or visit dhs.wi.gov/im-agency.

Covered Services and Other Questions

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

Premiums

If you have questions about premiums, call the Premiums Center at 888-907-4455.

Website

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



Applicant

An applicant is any individual applying for MAPP who has not been enrolled yet.

Agency

Your agency is your county or tribal social or human services department. County agencies are part of an IM consortium. This 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. Step-children are not included in the family group for MAPP.

Health and Employment Counseling (HEC) Program

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

Impairment-related Work Expenses

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

We ask for IRWE information on the member application. IRWE expenses are subtracted from your gross income before we decide if you are 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.

Not all work expenses are IRWEs:

- The expense can't be one that a similar worker without a disability would have, such as uniforms or the cost of a meal while working.
- The expense must be something that you pay out of pocket. If someone else pays for it, either now or later, then it is not considered an IRWE.
- The expense can't be from a month before you applied for MAPP benefits, even if you are paying on it now.
- The expense can't be the cost of getting to and from work unless your impairment is blindness or your impairment requires specialized transportation for you to get to and from work.
- The expense can't be for childcare unless your impairment is blindness.

Income Maintenance Worker

An income maintenance (IM) worker is an employee of your agency. The IM worker will determine whether you are able to enroll in MAPP, calculate your premiums, and register your Independence Accounts.

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 money from earnings without losing MAPP benefits.

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 coverage.

Medical and Remedial 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 for 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.

The following are examples of medical expenses:

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

Remedial expenses are costs for services or goods that are provided for the purpose of relieving, remedying, or reducing a medical or health condition. These are expenses that are the responsibility of the member and cannot be paid by any other source, such as Medicaid, private insurance, or employer.

Some examples of remedial expenses are:

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

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

Medical Support Liability

Medical support means that a parent has to pay for his or her child's medical care. This can be done through health insurance or direct payment of any medical bills.

Member

A person who is enrolled in MAPP.

Third Party Liability

This means another organization (which cannot be Wisconsin Medicaid or the Medicaid member) has to pay the bills for a member's medical services. If a Medicaid member also has private health insurance, that plan should be billed first for any medical services.