



Wisconsin Medicaid Purchase Plan Consumer guide

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Eligibility, Application, and Covered Services

What is the Medicaid Purchase Plan?

The Medicaid Purchase Plan (MAPP) is a program that allows adults with significant disabilities who are working, or are interested in working, the opportunity to buy health care coverage.

The Medicaid Purchase Plan offers working people with disabilities the opportunity to:

- Receive Wisconsin Medicaid health benefits
- Earn more income without risking their health or long term care coverage
- Maintain higher asset levels
- Save earnings in Independence Accounts, allowing them to save to reach personal and financial goals

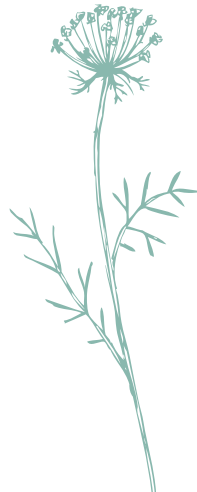
Medicaid Purchase Plan benefits are the same as those for other Medicaid recipients. Enrollees in the Medicaid Purchase Plan are eligible for Wisconsin's home and community-based waivers if they meet the terms of those waivers.

Am I eligible for the Medicaid Purchase Plan?

Nonfinancial requirements

To be eligible for the Medicaid Purchase Plan, **you need to meet the Supplemental Security Income (SSI) related Medicaid nonfinancial requirements.** You must also meet these requirements:

- You must be at least 18 years old when you apply.
- You must be determined disabled by the Disability Determination Bureau.
- You must be working at a paid position or be in a Health and Employment Counseling (HEC) program. For more information on HEC, call 1-866-278-6440.



Financial requirements

You must meet the following financial requirements to be eligible for the Medicaid Purchase Plan:

- You and your spouse's net income must be less than 250% of the federal poverty level according to family size. You and your spouse's net income is calculated by subtracting standard allowances from gross income. These exemptions include:
 - Impairment-related work costs
 - \$65 + ½ of earned income
 - \$20 of unearned or earned income
- n Your nonexempt (counted) assets must be under \$15,000. See the section on Independence Accounts for information on exempt (not counted) assets.

You and your spouse's income is used to find out if you are eligible. If you are eligible, note that you are the only person who will be covered by the Medicaid Purchase Plan. The Plan is not a family health plan.

Your economic support worker will tell you if you are eligible for the Medicaid Purchase Plan.

How do I apply for the Medicaid Purchase Plan?

You can apply for the Medicaid Purchase Plan at your county or tribal social or human services department or at www.access.wisconsin.gov.

When you apply, you may be asked to bring the following information:

- Proof of age
- Proof of citizenship and identity
- Proof of employment—employed or enrolled in a health and employment counseling program
- Financial statements
- Health insurance records (if other than Medicaid)
- Burial asset documents
- Trust fund documents

Your economic support worker may need other information to find out if you are eligible. Contact your economic support worker for information.

Enrollment Confirmation

You will receive confirmation of your enrollment and will begin receiving benefits within 30 days of being determined eligible for the Medicaid Purchase Plan.

Can I enroll in the Medicaid Purchase Plan and enroll in other state programs?

Once you are enrolled in the Medicaid Purchase Plan you may be able to enroll in other programs, such as a Wisconsin home and community based waiver program, Family Care, or Wisconsin Partnership Program. You must meet the eligibility requirements of these programs to enroll.

What does the Medicaid Purchase Plan Cover?

The Medicaid Purchase Plan covers the same services that Medicaid covers. The following are some of the services covered under Medicaid.

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

If you have questions about what Medicaid pays for, please call 1-800-362-3002.

Work exemption

If you have been in the Medicaid Purchase Plan for at least six months and you have a health setback and are unable to work, you may apply for a six-month work exemption. The economic support worker will ask you to supply proof of need for a work exemption, such as a letter from your doctor.

The economic support worker will determine, based on your earned and unearned income, whether you will need to pay a premium for the Medicaid Purchase Plan during this time.



Premiums

Will I have to pay a premium?

You will pay a premium for the Medicaid Purchase Plan if your total income is above 150% of the federal poverty level (FPL). If your total income is at or below 150% of the FPL, you will not have to pay a premium. Current year amounts can be found online in the Medicaid Eligibility Handbook at: www.emhandbooks.wi.gov/meh-ebd. Click on Chapter 39.10.

Also, if your premium comes to \$24.00 or less, you will not pay any premium.

Your economic support worker will tell you if you need to pay a premium when you apply. He or she will also give you a copy of your premium information.

Calculation of Premium Payment

To calculate your premium, your economic support worker will use only your income, not the income of any other family members.

Your economic support worker will calculate your premium using the sum of the following:

- 100% of your gross monthly unearned income, minus these allowances:
 - Standard living allowance (SLA)
 - Impairment-related work costs
 - Medical/remedial costs.
- 3% of your gross monthly earned income, minus certain allowances.

The standard living allowance is the sum of

- Federal SSI cash benefit
- SSI State Supplement
- \$20.

Current year SLA can be found online at www.emhandbooks.wi.gov/meh-ebd. Click on Chapter 39.4.2.



Income changes and their effect on premiums

If your income goes up or down after your premium has been calculated, tell your economic support worker within 10 days of this change. Your support worker will adjust your premium. Your premium amount may change as a result of:

- A change in the federal poverty level or SSI payment rate
- Changes in income or expenses
- If you have made deposits to your Independence Accounts of more than 50% of your annual earnings in any year, your premium will be raised for your next year of coverage.

Paying premiums

Before your agency can certify your eligibility, you must pay the full premium for the current and next month of coverage plus premiums for any months of retroactive coverage. Retroactive coverage is coverage for the months before you applied. You must make this payment to your economic support agency by check or money order, not cash.

After your first payment, each premium payment is due by the 10th of the month and is for that same month of coverage. If your payment is not received by the end of the month for which the premium is owed, the Medicaid Purchase Plan will end your eligibility.

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

- You may pay directly by check or money order and the Medicaid Purchase Plan will send you a bill each month.
- You may choose Wage Withholding if offered by your employer; your premium will then be taken out of your paychecks.
- Or you may pay by Electronic Funds Transfer; the Medicaid Purchase Plan will automatically withdraw your premium each month from your bank account.

You may pay your premiums for more than one month, but only for months in which you are eligible. You must pay monthly premiums in full.

If you do not have to pay a premium, your economic support worker will give you a copy of your premium information and approve you for the Medicaid Purchase Plan.

Premium nonpayment

If you do not pay your premium by the end of the month for which the premium is owed, your eligibility will end.

If you try to pay your premium with a check or automatic payment that is returned or refused, it will be considered nonpayment. However, payment problems out of your control are not considered nonpayment. Examples of

this include problems with an employer's wage withholding or processing errors.

Premium payment for retroactive enrollment

When you apply, you may ask for health care coverage for up to three months prior to your application. You must have been eligible for these months in order to claim them.

If you request retroactive coverage, you must pay the premium amounts for the retroactive months in full when you apply. The payments should be made to the economic support agency where you are applying for the Medicaid Purchase Plan.

Premiums paid by others

Another person—an employer or relative, for example—may pay your premium for you. If someone else is paying your premium, make sure he or she does so on time. It is your duty to make sure the payment is made.

Premium refunds

The Medicaid Purchase Plan will refund your premium payments when those payments are for:

- Months your total income dropped to or below 150% of the federal poverty level. You must report this change in income in the month in which the change occurred in order to get a refund.
- Months in which your premium amounts dropped to or below \$24 because your income went down. You must report this change of income in the month in which the change occurred in order to get a refund.
- A month for which a payment was paid, but you request to be disenrolled from the Medicaid Purchase Plan prior to the first day of that same month.
- A month for which a premium has been paid, but you become ineligible for that same month.

Independence Accounts and Re-Enrollment

What are Independence Accounts?

Independent Accounts are financial accounts that are not counted toward your Medicaid Purchase Plan eligibility. Independence Accounts allow you to:

Save money without risking your Medicaid Purchase Plan coverage. Contribute up to 50% of your annual gross earnings.

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 guide lines apply to Independence accounts:

- You can only create an Independence Account on or after the date you are eligible for the Medicaid Purchase Plan.
- You can transfer countable funds into a new Independence Account.
- You need to register all Independence Accounts with your economic support agency.

- You must be the sole owner of any Independence Accounts.
- You must keep your Independence Accounts separate from other countable funds.
- You cannot deposit more than 50% of your total annual gross earned income over a 12 month period into your Independence Accounts.

After you create your Independence Accounts, any deposits you make to them will not be counted toward the \$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. This initial amount will not become exempt (not countable) after it is registered as an Independence Account.

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.

If I lose my Medicaid Purchase Plan health coverage, when can I re-enroll?

If your eligibility for the Medicaid Purchase Plan ends because of premium nonpayment, you will not be eligible again for at least 6 months. To become eligible again, you must pay past due premiums in full or wait 12 months to re-enroll.

A six-month restrictive Re-enrollment Period will not be imposed if your eligibility ended because of a condition beyond your control. However, you must pay any past due premiums in full. A condition beyond your control may include:

- Problems with an automatic payment from a bank account to the Medicaid Purchase Plan
- Problems with an employer's wage withholding
- A premium processing error
- Any other condition affecting payment that the Medicaid Purchase Plan sees as beyond your control.

If you leave the Medicaid Purchase Plan voluntarily, you can re-enroll at any time.

If you become ineligible because your income went up over 250% of the federal poverty level, you can re-enroll if your income goes down again and you meet the eligibility requirements.

If you leave the Medicaid Purchase Plan and later re-enroll, your Independence Accounts and any interest, gains, or dividends from those accounts (with the exception of the initial amount from a pension or retirement account) will not count toward the \$15,000 asset limit.



Health Insurance Premium Payment

What is the Health Insurance Premium Payment program?

Health Insurance Premium Payment (HIPP) is a program in which the Medicaid Purchase Plan buys insurance coverage for you through an employer's health plan. This health plan can be offered by your employer or your spouse's employer. Wisconsin Medicaid will look into this option if the employer's health plan costs less than Medicaid.

If Wisconsin Medicaid decides to buy an employer's health coverage for you, it will pay all of your premiums and cost-sharing expenses (deductibles, copayments, etc.) for services that are normally covered under Medicaid. However, you may still have to pay a Medicaid Purchase Plan premium.

In cases in which your spouse must be enrolled in the health insurance plan for you to be covered, Wisconsin Medicaid will pay for your spouse's premiums only, not other cost-sharing expenses.

Under HIPP, you will get wraparound coverage. Wraparound services are those that are covered through Medicaid but not the employer's health plan.

Wisconsin Medicaid will buy coverage from the employer's plan by making payment directly to you, to the employer, or to the employer's health insurance company.

Enrollment in HIPP

To find out if HIPP is an option for you, your economic support worker will collect insurance information from you. Wisconsin Medicaid will then collect information from your employer. If Wisconsin Medicaid decides to buy the employer's health coverage for you, it will enroll you in the plan and notify you of your enrollment.

HIPP and Special Managed Care Programs

If you are enrolled in one of the following Medicaid special managed care programs, you do not have to participate in HIPP. These programs include:

- Independent Care (I-Care)
- Family Care
- Program for All-Inclusive Care for the Elderly (PACE).
- Wisconsin Partnership Program

Questions?

Applications and eligibility

For more information about applying for the Medicaid Purchase Plan, eligibility, forms, and registration of Independence Accounts, call an economic support worker at your county or tribal social or human services department.

Covered services, other questions

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

Premiums

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

Web site

For general information on the Medicaid Purchase Plan, refer to the Medicaid Purchase Plan web site at www.dhs.wisconsin.gov/medicaid/publications/p-10071.htm

Glossary

Applicant

An applicant is any individual who is applying for Medicaid and has not yet been confirmed as eligible for Medicaid or the Medicaid Purchase Plan.

Economic Support Agency

An economic support agency is your county or tribal social or human services department. This agency is responsible for certifying your eligibility for the Medicaid Purchase Plan and registering your Independence Accounts.

Economic Support Worker

An economic support worker is an employee of your economic support agency. This person will determine whether you are eligible for the Medicaid Purchase Plan, calculate your premiums, and register your Independence Accounts.

Family

For purposes of the Medicaid Purchase Plan, a family is the applicant, the applicant's legal spouse, and any dependent child(ren) who live with the applicant.

Health and Employment Counseling (HEC) Program

This is a program certified by the Department of Health Services (DHS) to arrange services that will help you reach a work goal. For more information on HEC, call (866) 278-6440.

Impairment-Related Work Cost

This is a cost that is paid for and needed for you to work. The cost is related to your disability.

Independence Accounts

These are financial accounts that are exempt from the \$15,000 asset limit for the Medicaid Purchase Plan. The creation date of these accounts can be no earlier than the date you became eligible for the Medicaid Purchase Plan.

Medicaid Purchase Plan (MAPP)

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

Medical and Remedial Costs

These are the medical costs that are related to your medical condition and health.

Standard Living Allowance

This allowance is a deduction from your unearned income and is adjusted each year to account for the cost of living for that year. This allowance is calculated by adding the federal Supplemental Security Income (SSI) cash benefit, the SSI State Supplement and \$20.

Recipient

A person who is found eligible for the Medicaid Purchase Plan.

Wraparound Coverage

The extra coverage needed to provide services that would be covered under Medicaid but are not covered under an employer's group health plan.



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Funded by the Centers for Medicare and Medicaid, Medicaid Infrastructure Grant
CFDA- No.93.768, Department of Health Services/Pathways to Independence
P-00181 (08/2012)