

# Medicaid Purchase Plan

## What is the Medicaid Purchase Plan?

The Medicaid Purchase Plan (also known as MAPP) offers people with disabilities, who are working or interested in working, the opportunity to get health care coverage through Medicaid.

With MAPP, you can get the same health benefits offered through Medicaid. You also have the opportunity to save money through an independence account without it counting towards the program's asset limit.

## What are the eligibility requirements?

To qualify for MAPP, you must:

- Be at least 18 years old.
- Be a resident of Wisconsin.
- Be a citizen or qualifying immigrant.
- Have a disability.
- Have a job, be self-employed, do in-kind work (perform work at least once per month in exchange for food, goods, or services), **or** be enrolled in the Health and Employment Counseling Program. Volunteer hours do not meet the work requirement for MAPP.
- Have individual countable assets of \$15,000 or less. (Countable assets include cash, checking and savings accounts, certificate of deposits, stocks and bonds, some life insurance policies, some annuities, and some burial assets. The home where you live and one vehicle are not considered countable assets.)
- Have an adjusted family income of 250% of the [federal poverty level](#) or less, based on your family size.

## Do I have to pay to get MAPP?

Depending on your income, you may have to pay a premium to get MAPP coverage. A premium is an amount you pay each month for your coverage.

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. (By gross income, we mean your income before any taxes and deductions have been taken out.)

## What if I can't pay my premium?

If you owe a premium and do not pay it, you cannot get MAPP for three months. You can get coverage again by doing any of the following:

- Pay your premiums.
- Have a change in your circumstances, such as a change in your income or a temporary waiver, which makes you not have a premium any more.
- Wait until the three months end and ask for MAPP again.

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

To ask for a temporary waiver you must fill out the Request for a Temporary Waiver of your Medicaid Purchase Plan Premium Because of a Difficult Situation form, F-02603, which can be found at [www.dhs.wisconsin.gov/forms/f02603.pdf](http://www.dhs.wisconsin.gov/forms/f02603.pdf). You must also provide proof of the situation making it difficult for you to pay your MAPP premium temporarily.

## 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. You can save up to 50% of your gross earnings in an independence account. If you go over this amount, you will have to pay a penalty.

## How can I register for an independence account?

All new independence accounts must be opened and registered with your agency after you find out if you can get MAPP. To register an account, complete the MAPP Independence Account Registration form, F-10121, and return it to your agency. You can find the form at [www.dhs.wisconsin.gov/forms/f1/f10121.pdf](http://www.dhs.wisconsin.gov/forms/f1/f10121.pdf).

## What if I already have a retirement account?

Pre-existing retirement and pension accounts may also be used as independence accounts. These accounts must be registered as new independence accounts with your agency. The initial amount in that account will be counted toward the \$15,000 asset limit.

## Is coverage for my family available through MAPP?

No, but members of your family may be able to get health coverage through other forms of Wisconsin Medicaid or BadgerCare Plus.

## What if my spouse or I can get health insurance through our employers?

If you or your spouse can get health insurance that costs less than Medicaid

through your employers, MAPP may help pay for that insurance. You may have to pay a premium to enroll in MAPP. MAPP will pay other cost-sharing expenses, such as premiums, deductibles, and coinsurance.

## What should I do if I have questions?

- Contact your local aging and disability resource center. You can find contact information at [www.dhs.wisconsin.gov/adrc/consumer/index.htm](http://www.dhs.wisconsin.gov/adrc/consumer/index.htm).
- Call ForwardHealth Member Services at 800-362-3002 (voice) or 711 (TTY).



## Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to [dhsrcc@dhs.wisconsin.gov](mailto:dhsrcc@dhs.wisconsin.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

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/portal/lobby.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  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
<b>繁體中文 (Traditional Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).