



Medicaid Eligibility Procedure Letter No. 140

Effective Date: March 1, 2019

OAC Rules: 5160:1-3-02.1, 5160:1-4-02, 5160:1-4-03, 5160:1-4-04, 5160:1-4-05, and 5160:1-5-03

To: All Medicaid Eligibility Manual Holders

From: Maureen M. Corcoran, Director

Subject: Medicaid: 2019 Federal Mileage Rate and 2019 Federal Poverty Level Income Guidelines

Reason for Change: The Internal Revenue Service has issued the 2019 Federal Mileage Rate amount. Additionally, on January 11, 2019, the United States Department of Health and Human Services updated the federal poverty level (FPL) income guidelines.

Federal Mileage Rate

The 2019 Federal Mileage Rate is 58 cents.

Income Guidelines

The FPL income guidelines for MAGI-Based Medicaid, Medicaid Buy-in for Workers with Disabilities (MBIWD), and the Medicare Premium Assistance Programs (MPAP) will be changed effective March 1, 2019. The CDJFS must determine initial and ongoing eligibility using the following FPL income guidelines:

MAGI-Based Medicaid

2019 Monthly Federal Poverty Level Income Guidelines for MAGI Based Programs						
Family Size	Individuals Age 19 or 20 44%	Parent or Caretaker Relative 90%	MAGI Adults 133%	Coverage for Children 156%*	Pregnant Women 200%	Coverage for Children 206%**
1	\$458	\$937	\$1,385	\$1,624	\$2,082	\$2,145
2	\$621	\$1,269	\$1,875	\$2,199	\$2,819	\$2,903
3	\$783	\$1,600	\$2,365	\$2,773	\$3,555	\$3,662
4	\$945	\$1,932	\$2,854	\$3,348	\$4,292	\$4,421
5	\$1,107	\$2,263	\$3,344	\$3,923	\$5,029	\$5,180
6	\$1,269	\$2,595	\$3,834	\$4,497	\$5,765	\$5,938

*This standard is used for children **with** creditable insurance.

This standard is used for children **without creditable insurance.

Medicaid Buy-in for Workers with Disabilities (MBIWD)

Beginning March 1, 2019, the CDJFS must determine initial and ongoing eligibility for the MBIWD individual using the updated 250% FPL income guideline below:

Individual Income Guideline 250%	\$2,603
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Beginning March 1, 2019, the CDJFS must determine MBIWD premiums using the updated 150% and 450% FPL guidelines below:

2019 Monthly FPL Income Guidelines for Premium Calculation		
Family Size	MBIWD 150%	MBIWD 450%
1	\$1,562	\$4,684
2	\$2,114	\$6,342
3	\$2,667	\$7,999
4	\$3,219	\$9,657
5	\$3,772	\$11,314
6	\$4,324	\$12,972

For individuals who are already approved for MBIWD, the CDJFS shall not increase the premium until the MBIWD individual's annual renewal. If, prior to the annual renewal, the CDJFS determines that the premium is lower, the CDJFS must reduce the individual's premium obligation.

Medicare Premium Assistance Programs (MPAP)

Program	Single	Couple
Qualified Medicare Beneficiary (QMB) 100% FPL	\$1,041	\$1,410
Specified Low-Income Medicare Beneficiary (SLMB) 120% FPL	\$1,249	\$1,691
Qualified Individual-1 (QI-1) 135% FPL	\$1,406	\$1,903
Qualified Disabled and Working Individual (QDWI) 200% FPL	\$2,082	\$2,819

Per Section 1905(p)(2)(D) of the Social Security Act, any yearly COLA increase is disregarded for QMB, SLMB, QI-1, and QDWI until the annual FPL guidelines take effect.

A Mass Change EDBC Batch will run for MBIWD and MPAP cases after adverse action in January but prior to, or on, the last day of adverse action for February, so that benefits can be impacted as of March 1, 2019. A journal entry will be automatically entered when the Mass Change EDBC Batch was successful. A Notice of Action (NOA) will be generated advising of any changes.

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An alert or report will be provided if the program block is excluded from the Mass Change EDBC Batch. The assigned worker will need to run manual EDBC on these cases, issue a manual NOA, and document with a journal entry.

Medicaid Eligibility Procedure Letters No. 130, 131, and 132 are obsolete upon the effective date of this MEPL.

This information is also available on the Ohio Department of Medicaid website and may be accessed at:

Resources > Publications > ODM Guidance > Medicaid Policy > Medicaid Eligibility Procedure Letter (MEPL)

<http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#161542-medicaid-policy>