



Mike DeWine, Governor  
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Maureen M. Corcoran, Director

Medicaid Eligibility Procedure Letter No. 149

Effective Date: March 1, 2020  
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: 2020 Federal Poverty Level Income Guidelines

Reason for Change: On January 15, 2020, the United States Department of Health and Human Services updated the federal poverty level (FPL) income guidelines.

New Policy: 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, 2020.

Action Required: Beginning March 1, 2020, the CDJFS must determine initial and ongoing eligibility for MAGI-Based Medicaid, MBIWD, and MPAP using the following FPL income guidelines:

MAGI-Based Medicaid

2020 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	\$468	\$957	\$1,415	\$1,659	\$2,127	\$2,191
2	\$633	\$1,293	\$1,911	\$2,242	\$2,874	\$2,960
3	\$797	\$1,629	\$2,408	\$2,824	\$3,620	\$3,729
4	\$961	\$1,965	\$2,904	\$3,406	\$4,367	\$4,498
5	\$1,125	\$2,301	\$3,401	\$3,989	\$5,114	\$5,267
6	\$1,290	\$2,637	\$3,897	\$4,571	\$5,860	\$6,036

\*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, 2020, the CDJFS must determine initial and ongoing eligibility for the MBIWD individual using the updated 250% FPL income guideline below:

<b>Individual Income Guideline 250%</b>	\$2,659
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Beginning March 1, 2020, the CDJFS must determine MBIWD premiums using the updated 150% and 450% FPL guidelines below:

<b>2020 Monthly FPL Income Guidelines for Premium Calculation</b>		
<b>Family Size</b>	<b>MBIWD 150%</b>	<b>MBIWD 450%</b>
<b>1</b>	<b>\$1,595</b>	<b>\$4,785</b>
<b>2</b>	<b>\$2,155</b>	<b>\$6,465</b>
<b>3</b>	<b>\$2,715</b>	<b>\$8,145</b>
<b>4</b>	<b>\$3,275</b>	<b>\$9,825</b>
<b>5</b>	<b>\$3,835</b>	<b>\$11,505</b>
<b>6</b>	<b>\$4,395</b>	<b>\$13,185</b>

**Medicare Premium Assistance Programs (MPAP)**

Beginning March 1, 2020, the CDJFS must determine eligibility for MPAP using the FPL guidelines below:

<b>2020 Monthly Federal Poverty Level Income Guidelines for MPAP</b>				
<b>Family Size</b>	<b>Qualified Medicare Beneficiary (QMB) 100%</b>	<b>Specified Low-Income Medicare Beneficiary (SLMB) 120%</b>	<b>Qualified Individuals-1 (QI-1) 135%</b>	<b>Qualified Disabled Working Individuals (QDWI) 200%</b>
<b>1</b>	<b>\$1,064</b>	<b>\$1,276</b>	<b>\$1,436</b>	<b>\$2,127</b>
<b>2</b>	<b>\$1,437</b>	<b>\$1,724</b>	<b>\$1,940</b>	<b>\$2,874</b>
<b>3</b>	<b>\$1,810</b>	<b>\$2,172</b>	<b>\$2,444</b>	<b>\$3,620</b>
<b>4</b>	<b>\$2,184</b>	<b>\$2,620</b>	<b>\$2,948</b>	<b>\$4,367</b>
<b>5</b>	<b>\$2,557</b>	<b>\$3,068</b>	<b>\$3,452</b>	<b>\$5,114</b>
<b>6</b>	<b>\$2,930</b>	<b>\$3,516</b>	<b>\$3,956</b>	<b>\$5,860</b>

**Ohio Benefits:** A mass change will run after adverse action in January but prior to, or on, the last day of adverse action for February, so that MPAP benefits can be impacted as of March 1, 2020. A benefit change notice of action (NOA) will be generated to any individual in an affected program block or their authorized representative. If there are no changes to the program block as a result of the mass change, a NOA will not be generated. A journal entry will be automatically entered when the mass change run was successful.

Mass change will not be run on program blocks that have:

- A status of "Denied", "Discontinued", "Ineligible", or "Pending";
- An EDBC Override as the last accepted result;
- One or more individuals with a pending eligibility status;
- Missing date of birth for any active program person;
- Missing relationship status between case persons;
- No active person in a program block for the benefit month;
- No assigned worker;
- The program block has an active an active Fair Hearing Benefit flag; or
- The program block has a pending verification specific to the program type.

If a program block meets any of the above criteria, mass change will not be run and a report will be provided. The assigned worker will need to check the cases listed on this report, run EDBC, review the EDBC results for appropriate determinations, ensure that a NOA is issued, and document with a journal entry. There are certain scenarios where an alert may be generated to the assigned worker on a case that was bypassed by mass change. If an alert is received, the worker will need to review the case, run EDBC, ensure that a NOA is issued, and document with a journal entry.

Medicaid Eligibility Procedure Letter No. 140 is obsolete upon the effective date of this MEPL.

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

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

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