



Date: January 31, 2019

DMS Operations Memo 19-05

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input checked="" type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input checked="" type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services

2019 Federal Poverty Level Changes for ForwardHealth Programs

CROSS REFERENCE

- BadgerCare Plus Eligibility Handbook, [Section 48.1 BadgerCare Plus Premium Tables](#) and [Section 50.1 Federal Poverty Level Table](#)
- Medicaid Eligibility Handbook, [Section 39.5 Federal Poverty Level Table](#), [Section 39.10 MAPP Premiums](#), and [Section 39.11 SeniorCare Income Limits and Participation Levels](#)

EFFECTIVE DATE

Refer to the specific effective dates listed with the individual tables below.

PURPOSE

This operations memo provides local agencies with information about how to implement the 2019 federal poverty level (FPL) income guidelines for the BadgerCare Plus and Medicaid programs as well as the updated tables, effective dates, and cross references for these programs.

BACKGROUND

The U.S. Department of Health and Human Services published its annual update of the Poverty Income Guidelines, also called the Federal Poverty Level Guidelines, on January 11, 2019. These guidelines are available at the following website: <https://aspe.hhs.gov/poverty-guidelines>.

Income limits and other amounts used in eligibility determinations for BadgerCare Plus and certain categories of Medicaid are based on the FPL. The increase in the FPL will result in changes to BadgerCare Plus and Medicaid income limits as specified in this memo.

BadgerCare Plus premiums for children are not changing.

POLICY

Income limits and other amounts based on the FPL will be effective on the dates provided with each individual table. The BadgerCare Plus Eligibility Handbook and Medicaid Eligibility Handbook will be updated in future releases to reflect these changes.

When workers update ongoing cases in CARES, the first benefit month affected by the new income limits will be March 2019. Workers who become aware of cases that could have benefited from the higher limits in February should redetermine eligibility with the 2019 FPL limits listed in the tables below.

BADGERCARE PLUS AND PREMIUMS

The updated BadgerCare Plus income limits (based on the 2019 FPL guidelines) are effective on February 1, 2019. As a result of the updated income limits, effective March 1, 2019, a portion of the BadgerCare Plus families who pay premiums will no longer owe premiums or will owe lower premiums for March.

The 2019 5 percent premium cap for children newly eligible for BadgerCare Plus will be effective February 1, 2019, for those confirmed on or after February 1, 2019. For ongoing cases, the 2019 premiums and premium caps will not take effect until March 1, 2019, in order to meet notice requirements.

MEDICARE SAVINGS PROGRAMS, MEDICAID PURCHASE PLAN, AND COST-OF-LIVING ADJUSTMENT DISREGARD

For Medicare Savings Program categories and Medicaid Purchase Plan (MAPP), the new income limits based on the 2019 FPL guidelines are effective February 1, 2019.

A few Specified Low-Income Medicare Beneficiaries may become eligible as Qualified Medicare Beneficiaries due to the increase in the income limits. DHS will send local agencies a report listing the people who need to have their eligibility run online and new benefits confirmed.

A few Specified Low-Income Medicare Beneficiary Plus (SLMB+) members may become eligible as Specified Low-Income Medicare Beneficiaries due to the increase in the income limits. Individuals who are open under the Specified Low-Income Medicare Beneficiary assistance group will have their eligibility redetermined using the new FPLs automatically as part of the annual FPL mass change.

A few SLMB+ members who were terminated effective January 31, 2019, because they were enrolled in full-benefit Medicaid may become eligible as a Specified Low-Income Beneficiary due to the increase in the income limits. A few individuals who applied in January and were denied SLMB+ benefits may also become eligible for SLMB due to the increased income limits. DHS will send local agencies a report listing the people who need to have their eligibility run online and new benefits confirmed.

SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE AND SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE

Changes to the spousal impoverishment community spouse income allowance minimum allocation, shelter base amount, and spousal impoverishment family member income allowance are effective July 1,

2019. A separate operations memo will be issued in late spring 2019 with information about the changed amounts and the mass change that will affect July benefits.

NEW INCOME LIMITS

The following tables show the new income limits for BadgerCare Plus and specific categories of Medicaid.

QUALIFIED MEDICARE BENEFICIARY

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2018 Limit (100%)	2019 Limit (100%)
1	\$1,011.67	\$1,040.83
2	\$1,371.67	\$1,409.17

QUALIFIED DISABLED AND WORKING INDIVIDUAL

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2018 Limit (200%)	2019 Limit (200%)
1	\$2,023.34	\$2,081.66
2	\$2,743.34	\$2,818.34

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2018 Limit (120%)	2019 Limit (120%)
1	\$1,214.00	\$1,249.00
2	\$1,646.00	\$1,691.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2018 Limit (135%)	2019 Limit (135%)
1	\$1,365.75	\$1,405.12
2	\$1,851.75	\$1,902.38

MEDICAID PURCHASE PLAN

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Income limits for MAPP are based on 250 percent of the FPL for applicants and members. Individuals above 150 percent of the FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	2018 Limit (250%)	2019 Limit (250%)	2018 MAPP Cutoff Premium Payment (150%)	2019 MAPP Cutoff Premium Payment (150%)
1	\$2,529.18	\$2,602.08	\$1,517.51	\$1,561.25
2	\$3,429.18	\$3,522.93	\$2,057.51	\$2,113.76
3	\$4,329.18	\$4,443.75	\$2,597.51	\$2,666.25
4	\$5,229.18	\$5,364.58	\$3,137.51	\$3,218.75
5	\$6,129.18	\$6,285.43	\$3,677.51	\$3,771.26
6	\$7,029.18	\$7,206.25	\$4,217.51	\$4,323.75
7	\$7,929.18	\$8,127.08	\$4,757.51	\$4,876.25
8	\$8,829.18	\$9,047.93	\$5,297.51	\$5,428.76
9	\$9,729.18	\$9,968.75	\$5,837.51	\$5,981.25
10	\$10,629.18	\$10,889.58	\$6,377.51	\$6,533.75
For each additional person	+ \$900.00	+ \$920.83	+ \$540.00	+ \$552.50

**FAMILY PLANNING ONLY SERVICES AND FAMILY PLANNING ONLY SERVICES
PRESUMPTIVE ELIGIBILITY**

- **Effective Date:** February 1, 2019
- **Cross Reference:** [BadgerCare Plus Eligibility Handbook, Section 50.1 Federal Poverty Level Table](#)

Group Size	2019 Limit Family Planning Only Services (FPOS) and FPOS Presumptive Eligibility (306%)
1	\$3,184.94

BADGERCARE PLUS INCOME LIMITS

- **Effective Date:** February 1, 2019 (for applications filed on or after February 1, 2019)
- **Cross Reference:** BadgerCare Plus Eligibility Handbook, [Section 7.1.2 Health Insurance Conditions of Eligibility Under MAGI Rules](#), [Section 16.1.2 Income Under MAGI Rules](#), [Section 19.1 BadgerCare Plus Premiums](#), and [Section 25.8.1 Backdated Eligibility](#))

Group Size	2019 Limit Adults (100%)	2019 Limit Children Over Age 5 (156%)	2019 Limit Children Ages 1 to 5 (191%)	2019 Limit Children’s Premium Payment Cutoff (201%)	2019 Limit Eligibility Limit for Pregnant Women and Children (306%)
1	\$1,040.83	\$1,623.69	\$1,987.99	\$2,092.07	\$3,184.94
2	\$1,409.17	\$2,198.31	\$2,691.51	\$2,832.43	\$4,312.06
3	\$1,777.50	\$2,772.90	\$3,395.03	\$3,572.78	\$5,439.15
4	\$2,145.83	\$3,347.49	\$4,098.54	\$4,313.12	\$6,566.24
5	\$2,514.17	\$3,922.11	\$4,802.06	\$5,053.48	\$7,693.36
6	\$2,882.50	\$4,496.70	\$5,505.58	\$5,793.83	\$8,820.45
7	\$3,250.83	\$5,071.29	\$6,209.09	\$6,534.17	\$9,947.54
8	\$3,619.17	\$5,645.91	\$6,912.61	\$7,274.53	\$11,074.66
9	\$3,987.50	\$6,220.50	\$7,616.13	\$8,014.88	\$12,201.75
10	\$4,355.83	\$6,795.09	\$8,319.64	\$8,755.22	\$13,328.84
For each additional person	+ \$368.33	+ \$574.59	+ \$703.51	+ \$740.34	+ \$1,127.09

SENIORCARE

- **Effective Date:** February 1, 2019
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.11 SeniorCare Income Limits and Participation Levels](#)

Level 1 Annual Income No Greater Than 160 Percent of the Federal Poverty Level

Group Size	2018 (160%)	2019 (160%)
1	\$19,424	\$19,984
2	\$26,336	\$27,056

Level 2a Annual Income Above 160 Percent But No Greater Than 200 Percent of the Federal Poverty Level

Group Size	2018 160%–200%	2019 160%–200%
1	\$19,425 to \$24,280	\$19,985 to \$24,980
2	\$26,337 to \$32,920	\$27,057 to \$33,820

Level 2b Annual Income Above 200 Percent But No Greater Than 240 Percent of the Federal Poverty Level

Group Size	2018 200%–240%	2019 200%–240%
1	\$24,281 to \$29,136	\$24,981 to \$29,976
2	\$32,921 to \$39,504	\$33,821 to \$40,584

Level 3 Annual Income Above 240 Percent of the Federal Poverty Level

Group Size	2018 > 240%	2019 > 240%
1	\$29,137 or greater	\$29,977 or greater
2	\$39,505 or greater	\$40,585 or greater

BADGERCARE PLUS PREMIUMS

Ongoing Cases

The increase in the premium caps is effective March 1, 2019, to allow a negative notice to be sent. If eligibility needs to be determined for a case for February benefits, confirmation for BadgerCare Plus in CARES is not possible, and a manual certification is needed for newly added individuals.

New Applications

Effective February 1, 2019, the new FPL will be used to determine February benefits and forward.

Five Percent Premium Caps for Children

- **Effective Date:** February 1, 2019
- **Cross Reference:** [BadgerCare Plus Eligibility Handbook, Section 48.1.3 Five Percent Premium Caps for Children](#)

Note: Premiums for families with incomes below 300 percent are rounded down to the nearest dollar.

Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
1	104.00	109.00	115.00	120.00	125.00	130.00	135.00	141.00	146.00	151.00	156.00
2	141.00	148.00	155.00	162.00	169.00	176.00	183.00	190.00	197.00	205.00	212.00
3	178.00	187.00	196.00	205.00	214.00	223.00	231.00	240.00	249.00	258.00	267.00
4	215.00	226.00	237.00	247.00	258.00	269.00	280.00	290.00	301.00	312.00	322.00
5	252.00	265.00	277.00	290.00	302.00	315.00	328.00	340.00	353.00	365.00	378.00
6	289.00	304.00	318.00	332.00	347.00	361.00	376.00	390.00	404.00	419.00	433.00
7	326.00	342.00	359.00	375.00	391.00	407.00	424.00	440.00	456.00	472.00	489.00

Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
8	363.00	381.00	399.00	418.00	436.00	454.00	472.00	490.00	508.00	526.00	544.00
9	400.00	420.00	440.00	460.00	480.00	500.00	520.00	540.00	560.00	580.00	600.00
10	437.00	459.00	481.00	503.00	524.00	546.00	568.00	590.00	611.00	633.00	655.00
11	474.00	498.00	522.00	545.00	569.00	592.00	616.00	640.00	663.00	687.00	710.00
12	511.00	537.00	562.00	588.00	613.00	639.00	664.00	690.00	715.00	740.00	766.00
13	548.00	576.00	603.00	630.00	658.00	685.00	712.00	739.00	767.00	794.00	821.00
14	585.00	614.00	644.00	673.00	702.00	731.00	760.00	789.00	818.00	848.00	877.00

CARES

The following CARES tables will be updated by February 1, 2019, to reflect the new FPL values, which will be effective February 1, 2019:

- TBCS
- TBPI
- TFPL
- TMEP
- TMST
- TSFL

When running eligibility on or after February 1, 2019, CARES will use the new FPL amounts for any months for which eligibility is being run. When running with dates for current or past months, workers will not be able to confirm eligibility if the FPL changes have a negative impact on the benefits or premium amounts. CARES eligibility redeterminations using the new FPLs will occur automatically as part of the annual FPL mass change. The FPL mass change will occur the weekend of February 23, 2019, and will affect the April benefit month. However, for individuals who have premiums and others whose benefits are affected by the new FPL amounts, eligibility will be run automatically on February 9, 2019, and the changes will affect the March benefit month.

ALERT 349

Alert 349 (ELIG NOT DET AT MC/AA RUN SFEX) is generated when a case did not go through mass change or adverse action because it exceptioned out. These cases then appear on the Control-D Exception report C306. This report includes cases with overrides, cases with person adds or deletes that have not been confirmed, and assistance groups in pending status. These cases are also listed on the monthly mass change report C307. For these cases, workers must run eligibility and confirm benefits when they get the correct determination. If the case is positively impacted by the FPL amount change, the worker may have to run with dates for March 2019.

The new FPL limits will be used for applications or person adds when eligibility is determined in CARES on or after February 1, 2019. For ongoing cases, the new FPL limits will also be used when eligibility is determined retroactively for the month of February 2019.

DMS Operations Memo 19-05

January 31, 2019

Page 8 of 8

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/NH