

CHANGE NOTICE FOR MANUAL, NO. 01-08, MEDICARE DEDUCTIBLE

DATE: 12/10/2007

Manual: Family and Children's Medicaid
Change No: 01-08
To: County Directors of Social Services
Effective: 01/01/08

Make the following changes(s)

I. CONTENT OF CHANGE

A. The new Medicare Part A & B deductible rate, Part A & B premium change, and co-insurance amounts for 2008 have been updated in MA-3315.

M e d i c a r e P r e m i u m R a t e s :	
Part A	\$423.00 (If less than 30 quarters of Medicare- covered employment, see Admin. Letter 09-07.)
Part B	\$96.40
Medicare Deductible Rates	
Part A	\$1,024.00
Part B	\$135.00
Part A Hospital Coinsurance Rates	
61 – 90 days	\$256.00 per day
60 lifetime reserve days	\$512.00 per day
Part A Skilled Nursing Facility Rate:	
21 – 100 days	\$128.00 per day

B. Allowable transportation expenses

The per mile rate for medically related transportation has been increased to .18 per mile.

II. EFFECTIVE DATE AND IMPLEMENTATION

The new Medicare rates apply to eligible medical services incurred on or after January 1, 2008.

III. MAINTENANCE OF MANUAL

A. Remove MA-3315, Medicaid Deductible, pages 1-4, 7-8, 11-12, 19-22.

B. Insert [MA-3315, Medicaid Deductible](#), pages 1-4, 7-8, 11-12, 19-22, effective 1/1/2008.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Mrs. Angela Floyd, Assistant Director for Provider and Recipient Services, will be your point of contact and can be reached at (919) 855-4050.

William W. Lawrence, Jr., M.D., Acting Director

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit)