

# CHANGE NOTICE FOR MANUAL NO. 10-05, MEDICARE RATE CHANGES

**DATE: NOVEMBER 22, 2004**

**Manual:** Family and Children's Medicaid  
**Change No:** 10-05  
**To:** County Directors of Social Services  
**Effective:** January 1, 2005

## I. CONTENT OF CHANGE

The purpose of this change notice is to update the Family and Children's Medicaid manual to reflect the new Medicare Part A & B deductible rate, Part A & B premium change, and co-insurance amounts for 2005.

<b>Medicare Premium Rates:</b>	
Part A	\$375.00
Part B	\$ 78.20
<b>Medicare Deductible Rates:</b>	
Part A	\$912.00
Part B	\$110.00
<b>Part A Hospital Coinsurance Rates:</b>	
61 – 90 days	\$228.00 per day
90 days and beyond	\$456.00 per day
<b>Part A Skilled Nursing Facility Rate:</b>	
21 – 100 days	\$114.00 per day

## II. EFFECTIVE DATE

January 1, 2005

## III. IMPLEMENTATION

The new Medicare rates apply to eligible medical services incurred on or after January 1, 2005.

**IV. MAINTENANCE OF THE MANUAL**

**A. Remove MA-3315, Medicaid Deductible, pages 1-2, 7-8, 11-12, 19-20.**

**B. Insert [MA-3315, Medicaid Deductible](#), pages 1-2, 7-8, 11-12, 19-20, effective 1/1/2005**

If you have any questions, please contact your Medicaid Program Representative.

Gary H. Fuquay  
Director

[This material was researched and written by Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit.]