

CHANGE NOTICE FOR MANUAL NO. 08-11, 2011 MEDICARE DEDUCTIBLE AND CO- INSURANCE RATES

DATE: 03/29/11

Manual: Family and Children's Medicaid
Change No: 08-11
To: County Directors of Social Services
Effective: Upon Receipt

Make the following change(s)

I. POLICY PRINCIPLES

The new Medicare Part A & B deductible rate and co-insurance amounts for 2011 have been updated in MA-2360, Medicaid Deductible. The new Part A premium is in the table below. For the great majority of beneficiaries, there is no change in the Part B premium for 2011.

| Medicare Premium Rates: | |
|--|---|
| Part A | \$450.00 (If less than 30 quarters of Medicare- covered employment.) |
| Part B | \$96.40 (for the majority of beneficiaries) |
| Medicare Deductible Rates | |
| Part A | \$1,132.00 |
| Part B | \$162.00 |
| Part A Hospital Coinsurance Rates | |
| 61 – 90 days | \$283.00 per day |
| 60 lifetime reserve days | \$566.00 per day |
| 21 – 100 days | \$141.50 per day |

II. EFFECTIVE DATE AND IMPLEMENTATION

This change is effective upon receipt. Apply this change to applications taken and redeterminations started on or after receipt of this change notice, as well as to those presently in process.

III. MAINTENANCE OF MANUAL

Remove: MA-3315, Medicaid Deductible, pages 7-8, 11-12 and 19-20.

Insert: [MA-3315](#), Medicaid Deductible, pages 7-8, 11-12 and 19-20.

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

Craigian L. Gray, MD, MBA, JD,
Director

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