

DMA CHANGE NOTICE FOR MANUAL

DATE: 12/17/08

Manual: Family and Children's Medicaid
Change No: 02-09
To: County Directors of Social Services
Effective: 01/01/09

Make the following change(s)

I. CONTENT OF CHANGE

A. The new Medicare Part A & B deductible rate, Part A premium change, and co-insurance amounts for 2009 have been updated in MA-3315. The Part B premium did not increase for 2009.

Medicare Premium Rates:	
Part A	\$244.00 (If less than 30 quarters of Medicare- covered employment -- \$443.)
Part B	\$96.40
Medicare Deductible Rates	
Part A	\$1,068.00
Part B	\$135.00
Part A Hospital Coinsurance Rates	
61 – 90 days	\$267.00 per day
60 lifetime reserve days	\$534.00 per day
Part A Skilled Nursing Facility Rate:	
21 – 100 days	\$133.50 per day

B. Applying DRG Policy

MA-3315, Medicaid Deductible, figure 4 has been revised to make it identical with MA-2360, Medicaid Deductible, figure 4.

C. Allowable transportation expenses

The per mile rate for medically related transportation has been increased to 0.25 per mile.

II. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective January 1, 2009. Apply this policy to applications and redeterminations in process or taken on or after January 1, 2009.

III. MAINTENANCE OF MANUAL

- A. Remove MA-3315, Medicaid Deductible, pages 1-2, 7-8, 11-12, 19-20, and figure 4.**
- B. Insert [MA-3315](#), Medicaid Deductible, pages 1-2, 7-8, 11-12, 19-20, and [figure 4](#) effective 1/1/2009.**

For information regarding Medicaid, please contact your Medicaid Program Representative. For any Medicaid issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

Tara R. Larson, Acting Director

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