

CHANGE NOTICE FOR MANUAL NO. 03-06, MEDICARE RATE CHANGES

DATE: NOVEMBER 16, 2005

Manual: Family and Children's Medicaid
Change No: 03-06
To: County Directors of Social Services
Effective: January 1, 2006

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 2006.

The phone number for the Medicare Part B carrier, Cigna Medicare, has been updated. The new phone number is (800) 633-4227.

Medicare Premium Rates:	
Part A	\$393.00
Part B	\$ 88.50
Medicare Deductible Rates:	
Part A	\$952.00
Part B	\$124.00
Part A Hospital Coinsurance Rates:	
61 – 90 days	\$238.00 per day
90 days and beyond	\$476.00 per day
Part A Skilled Nursing Facility Rate:	
21 – 100 days	\$119.00 per day

II. EFFECTIVE DATE

January 1, 2006

III. IMPLEMENTATION

The new Medicare rates apply to eligible medical services incurred on or after January 1, 2006.

IV. MAINTENANCE OF THE MANUAL

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

B. Insert [MA-3315](#), Medicaid Deductible, pages 7-8, 11-12, 19-22, effective 1/1/2006

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

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

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