

CHANGE NOTICE FOR MANUAL NO. 07-11, 2011 MEDICARE DEDUCTIBLE, CO-INSURANCE, MEDICAID ICF/MR, HOSPICE RATES

DATE: 03/29/11

Manual: Aged, Blind, and Disabled Medicaid

Change No: 07-11

To: County Directors of Social Services

Effective: Upon Receipt

Make the following change(s)

I. POLICY PRINCIPLES

A. 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. There is no increase in the Part B premium for 2011 for those in a protected status.

Medicare Premium Rates:	
Part A	\$450.00 (If less than 30 quarters of Medicare- covered employment.)
Part B	(Protected if premium withheld by SSA in 2009) \$96.40
	(Protected if premium first withheld by SSA in 2010) \$110.50
	(Part B premium for others and actual amount paid by state) \$115.40
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

- B. The minimum Medicaid reimbursement rates for ICF/MR and Hospice Care and the actual rates for hospital inappropriate level of care beds have been updated in MA-2270, Table 1.
- C. Change Notice 04-11 updated the Federal Poverty Levels for April 2011, but failed to change the reserve levels for LIS and MQB to the 2011 levels. The reserve levels that were announced in Administrative Letter 09-10 have been added to policy. Please continue to use them.

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

- A. Remove: MA-400, Aged, Blind and Disabled Introduction to Medicaid, Figure 1.
Insert: MA-400, Aged, Blind and Disabled Introduction to Medicaid, [Figure 1](#).
- B. Remove: MA-2270, Long Term Care Need and Budgeting, pages 31-32 and Tables i and ii (Attachment 3).
Insert: [MA-2270](#), Long Term Care Need and Budgeting, pages 31-32 and [Tables i and ii](#) (Attachment 3).
- C. Remove: MA-2311, LIS Process and Maintenance, Figure 1.
Insert: MA-2311, LIS Process and Maintenance, [Figure 1](#).
- D. Remove: MA-2360, Medicaid Deductible, pages 11-12, 15-16 and 19-20.
Insert: [MA-2360](#), Medicaid Deductible, pages 11-12, 15-16 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.)