

# CHANGE NOTICE FOR MANUAL NO. 03-07, MEDICARE RATE CHANGES

**DATE: DECEMBER 5, 2006**

**Manual:** Family and Children's Medicaid  
**Change No:** 03-07  
**To:** County Directors of Social Services  
**Effective:** January 1, 2007

## 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 2007.

<b>Medicare Premium Rates:</b>	
Part A	\$410.00
Part B	\$ 93.50
<b>Medicare Deductible Rates:</b>	
Part A	\$992.00
Part B	\$131.00
<b>Part A Hospital Coinsurance Rates:</b>	
61 – 90 days	\$248.00 per day
90 days and beyond	\$496.00 per day
<b>Part A Skilled Nursing Facility Rate:</b>	
21 – 100 days	\$124.00 per day

## II. EFFECTIVE DATE

January 1, 2007

## III. IMPLEMENTATION

The new Medicare rates apply to eligible medical services incurred on or after January 1, 2007.

#### **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 1/1/2007**

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 Linda Faulkner, Policy Consultant, Medicaid Eligibility Unit.]