

MEDICARE PART A BULLETIN

December 1, 1997

General Medicare Bulletin G-308

TO: All Medicare Providers

FROM: Program Relations

SUBJECT: **MEDICARE DEDUCTIBLE AND COINSURANCE FOR 1998**

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate health care facility personnel.

The Health Care Financing Administration (HCFA) has announced the new deductible and coinsurance amounts for calendar year 1998. The amounts were published in the Federal Register, during November, 1997. Effective January 1, 1998, the deductible and coinsurance amounts will be:

PART A HOSPITAL (INPATIENT)	CALCULATION PER BENEFIT PERIOD	CY 1998 Benefit Period
Deductible (1 through 60 days)	Current year inpatient deductible	\$764.00 per ben period
Coinsurance (61 through 90 days)	Rate is 1/4 of current year inpatient deductible amount	\$191.00 per day
Lifetime Reserve (91 through 150 days) [Non-renewable days]	Rate is 1/2 of current year inpatient deductible amount	\$382.00 per day
SKILLED NURSING FACILITY (SNF)	CALCULATION PER BENEFIT PERIOD	CY 1998 Benefit Period
SNF (1 through 20 days)	No deductible or coinsurance (full days)	\$0 per benefit period
SNF (21 through 100 days)	Rate is 1/8 of current year inpatient deductible amount	\$95.50 per day
BLOOD DEDUCTIBLE	ANNUAL REQUIREMENT	CY 1998
Part A/Part B	Satisfied via Part A and/or B services	3 Pints annually
PART B (OUTPATIENT)	ANNUAL REQUIREMENT	CY 1998
Annual Deductible	Satisfied via Part B Outpatient and/or Physician/Supplier Services (Part B)	\$ 100.00

Questions regarding this bulletin may be addressed to Medicare Part A Customer Service by calling (904) 355-8899.