



Update to Medicare Deductible, Coinsurance and Premium Rates for 2019

MLN Matters Number: MM11025

Related Change Request (CR) Number: CR 11025

Related CR Release Date: November 2, 2018

Effective Date: January 1, 2019

Related CR Transmittal Number: R119GI

Implementation Date: January 7, 2019

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Home Health and Hospice MACs and Durable Medical Equipment MACs for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11025 provides instruction for MACs to update the claims processing system with the new Calendar Year (CY) 2019 Medicare deductible, coinsurance, and premium rates. Make sure your billing staffs are aware of these changes.

BACKGROUND

Beneficiaries who use covered Part A services may be subject to deductible and coinsurance requirements. A beneficiary is responsible for an inpatient hospital deductible amount, which is deducted from the amount payable by the Medicare program to the hospital, for inpatient hospital services furnished in a spell of illness. When a beneficiary receives such services for more than 60 days during a spell of illness, he or she is responsible for a coinsurance amount equal to one-fourth of the inpatient hospital deductible per-day for the 61st - 90th day spent in the hospital.

An individual has 60 lifetime reserve days of coverage, which they may elect to use after the 90th day in a spell of illness. The coinsurance amount for these days is equal to one-half of the inpatient hospital deductible. A beneficiary is responsible for a coinsurance amount equal to one-eighth of the inpatient hospital deductible per day for the 21st through the 100th day of Skilled Nursing Facility (SNF) services furnished during a spell of illness.

Most individuals age 65 and older, and many disabled individuals under age 65, are insured for Health Insurance (HI) (Part A) benefits without a premium payment. The Social Security Act

provides that certain aged and disabled persons who are not insured may voluntarily enroll, but are subject to the payment of a monthly premium. Since 1994, voluntary enrollees may qualify for a reduced premium if they have 30 - 39 quarters of covered employment. When voluntary enrollment takes place more than 12 months after a person's initial enrollment period, a 10 percent penalty is assessed for 2 years for every year they could have enrolled and failed to enroll in Part A.

Under Part B of the Supplementary Medical Insurance (SMI) program, all enrollees are subject to a monthly premium. Most SMI services are subject to an annual deductible and coinsurance (percent of costs that the enrollee must pay), which are set by statute. When Part B enrollment takes place more than 12 months after a person's initial enrollment period, there is a permanent 10 percent increase in the premium for each year the beneficiary could have enrolled and failed to enroll.

2019 PART A - HOSPITAL INSURANCE (HI)

- Part A Deductible: \$1,364.00
- Part A Coinsurance
 - \$341.00 a day for 61st-90th day
 - \$682.00 a day for 91st-150th day (lifetime reserve days)
 - \$170.50 a day for 21st-100th day (SNF) coinsurance
 -
- Base Premium (BP): \$437.00 a month
- BP with 10% surcharge: \$480.70 a month
- BP with 45% reduction: \$240.00 a month (for those who have 30-39 quarters of coverage)
- BP with 45% reduction and 10% surcharge: \$264.00 a month

2019 PART B - SUPPLEMENTARY MEDICAL INSURANCE (SMI)

- Standard Premium: \$135.50 a month
- Deductible: \$185.00 a year
- Pro Rata Data Amount:
 - \$133.57 1st month
 - \$51.43 2nd month
- Coinurance: 20 percent

Note that the Part B premium may vary based on beneficiary income above certain levels. CR11025 has additional information showing Part B premium rates as adjusted for income.

ADDITIONAL INFORMATION

The official instruction, CR11025, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R119GI.pdf>. The updated Medicare General Information, Eligibility, and Entitlement Manual, Chapter 3 (Deductibles, Coinsurance Amounts,

and Payment Limitations), Sections 10.3 (Basis for Determining the Part A Coinsurance Amounts), 20.2 (Part B Annual Deductible), and 20.6 (Part B Premium) is attached to that CR.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
November 6, 2018	Initial article released.

Disclaimer: This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2017 American Medical Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.