

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
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www.scdhhs.gov

November 17, 2008

MEDICAID BULLETIN

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TO: Hospital Providers

**SUBJECT: 2009 Medicare Deductible, Coinsurance and Medicaid
Blood Deductible Rates**

The Department of Health and Human Services' payment for a dually eligible beneficiary is equal to the allowed amount minus the Medicare payment or the sum of the Coinsurance, Deductible, and Blood Deductible (up to 3 units), whichever is less. Effective January 1, 2009, the Centers for Medicare and Medicaid Services (CMS) has published new amounts for patient's Deductible and Coinsurance. The new rates are:

Inpatient Deductible	\$1,068.00
Outpatient Deductible	\$ 135.00
Medicaid Blood Deductible	\$ 100.00 per unit (not to exceed 3)
Inpatient Coinsurance	\$8,010.00 (per spell of illness 61-90 days)
Outpatient Coinsurance	20% of Medicare's allowed charges

If you have any questions regarding this bulletin, please contact your Program Representative for Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/mgvb

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.