

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)

January 14, 2008

# MEDICAID BULLETIN

*HMO* 08-01  
*HOS-IP-GEN* 08-01  
*HOS-IP-IMD* 08-01  
*HOS-IP-RTF* 08-01  
*HOS-OP* 08-01

**TO: Hospital Providers**

**SUBJECT: 2008 Medicare Deductible, Coinsurance and Medicaid Blood Deductible Rates**

The Department of Health and Human Services' payment for dually eligible recipients is equal to the Medicaid 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, 2008, Centers for Medicare and Medicaid services (CMS) has published new amounts for patient's Deductible and Coinsurance. The new rates are:

Inpatient Deductible	\$1,024.00
Outpatient Deductible	\$ 135.00
Medicaid Blood Deductible	\$ 100.00 per unit (not to exceed 3)
Inpatient Coinsurance	\$7,680.00 (per spell of illness 61-90 days)
Outpatient Coinsurance	20% of Medicare's allowed charges

If you have any questions, please contact your Program Representative at (803) 898-2665. Thank you for your continued support of the South Carolina Medicaid Program.

/s/

Emma Forkner  
Director

EF/mgvb

**NOTE: To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.  
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