2018

MEDICAID - MEDICARE DESK REFERENCE GUIDE



Compliments of

C. DAN CAMPBELL, P. C.

ATTORNEYS AT LAW

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Medicaid Numbers

Divestment Penalty Divisor	\$172.65 - Per Day
Income Cap	\$2,250.00
Individual Resource Allowance	\$2,000.00
Monthly Personal Needs Allowance	\$60.00
Minimum Community Spouse Recourse	\$24,720.00
Allowance	
Maximum Community Spouse Resource	\$123,600.00
Allowance	
Resource Allowance for a Couple (Husband &	\$3,000.00
Wife both reside in facility)	
Monthly Maintenance Needs Allowance	\$3,090.00
Maximum Homestead Equity	\$572,000.00

Medicare Part B Premium	\$134.00 – Per Day
Skilled Nursing Facility Co-payment, days 21-100	\$167.50
Hospital Stay(Part A) Deductible	\$1,340.00
Hospital Co-pay, days 61-90	\$335.00 – Per Day
Hospital Co-pay, days 91-150	\$670.00 – Per Day
(Beyond 150 days, patient pays actual hospital costs)	
Part B (Medical) Annual Deductible	\$183.00
(You Pay 20% of the Medicare approved amount for	
services after you meet the \$183.00 deductible	

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Medicaid Numbers Medicare & Social Security Numbers