

***REVISED**

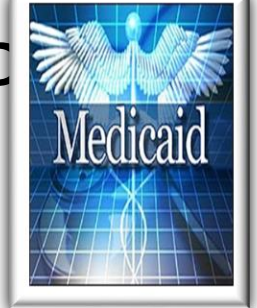
2020

MEDICAID – MEDICARE DESK REFERENCE GUIDE



Compliments of
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Medicaid Numbers

Divestment Penalty Divisor	\$213.71 - Per Day
Income Cap	\$2,349.00
Individual Resource Allowance	\$2,000.00
Monthly Personal Needs Allowance	\$60.00
Minimum Community Spouse Resource Allowance	\$25,728.00
Maximum Community Spouse Resource Allowance	\$128,640.00
Resource Allowance for a Couple (Husband & Wife both reside in facility)	\$3,000.00
Monthly Maintenance Needs Allowance	\$3,216.50
Maximum Homestead Equity	\$595,000.00

Medicare & Social Security Numbers

Medicare Part B Premium	\$144.60 – Per Day
Skilled Nursing Facility Co-Payment, days 21-100	\$176.00 * REVISED
Hospital Stay(Part A) Deductible	\$1,408.00
Hospital Co-Pay, days 61-90	\$352.00 – Per Day
Hospital Co-Pay, days 91-150 (Beyond 150 days, patient pays actual hospital costs)	\$704.00 – Per Day
Part B (Medical) Annual Deductible (You Pay 20% of the Medicare approved amount for services after you meet the \$198.00 deductible)	\$198.00