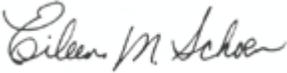


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Additional Category Eligible for Medicare Cost-Sharing Benefits	BY  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs
NUMBER:	99-89-15	
ISSUE DATE:	December 27, 1989	
EFFECTIVE DATE:	December 27, 1989	

PURPOSE:

The purpose of this bulletin is to advise providers of an additional medical assistance category eligible for expanded Medicare cost-sharing benefits.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND/DISCUSSION:

The Medicare Catastrophic Coverage Act (MCCA) of 1988 (Public Law 100-360) mandated state Medicaid agencies to pay the Medicare Parts A and B deductibles and Medicare Part B coinsurance for individuals who qualify for Medicare benefits and meet special income and resource limits. The Department extended the cost-sharing benefit for Medicare covered only services to additional recipients with categories of assistance with the respective program status codes:

<u>CATEGORY</u>	<u>PROGRAM STATUS</u>
A	Not Applicable
J	80
M	Not Applicable
PA	80
PJ	80
PS	70, 90
PG	00
PL	00

Although these categories of assistance may have additional program status codes, only the above program status codes are applicable for this cost-sharing benefit. Providers were notified of this expansion through Medical Assistance Bulletin 99-89-02 (Issued January 4, 1989).

The Department has determined that the cost-sharing benefit is to be expanded to include an additional category:

<u>CATEGORY</u>	<u>PROGRAM STATUS</u>
B (State Blind Pension)	80

These individuals currently receive a pink colored Medical Assistance Identification Card and are eligible for limited services under the Medical Assistance Program. Service eligibility is described in the provider specific regulation chapters.

Under the provisions of MCCA, these individuals are eligible for coverage of:

1. Deductible for Medicare Part A inpatient services,
2. Deductible and coinsurance for Medicare Part B services and

3. Services covered under Medicare Part B which are not currently covered under the Pennsylvania Medical Assistance Program.

PLEASE NOTE: This additional coverage does not apply to individuals who have a pink colored Medical Assistance Identification Card with Category B, Program Status 00.

PROCEDURE

For services provided to persons eligible for medical assistance services, the appropriate Medical Assistance Program invoice must be used. Instructions for completing the invoice are contained in the general billing information section of your provider handbook.

Billing instructions for the Medicare cost-sharing coverage for Medicare only services were issued through Medical Assistance Bulletin 99-89-03.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Programs
Practitioner Services Section
P.O. Box 8046
Harrisburg, Pennsylvania 17105

1-800-537-8862

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.