



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
WASHINGTON, D.C. 20002

IN REPLY REFER

MAY 06 1996

**District of Columbia Medical Assistance
Program Transmittal No. 96-05**

To: All Medical Assistance Providers

Subject: Payment of Medicare Part A and Part B Deductibles and Copayments

The District of Columbia ("District") Medical Assistance Program provides payment of Medicare Part A and Part B deductibles and copayments as follows:

Medicare Part A Deductibles:

In accordance with the District's State Plan for Medical Assistance ("District's State Plan"), Medicare Part A deductible payments are up to the full amount of the Medicare rate.

Medicare Part A Copayments:

In accordance with the District's State Plan, the coinsurance for Medicare Part A for APDRG facilities is limited to the lesser of the coinsurance amount as determined by Medicare Part A, the District Medicaid All Payor Diagnosis Related Group (APDRG) amount, or the Medicare Diagnosis Related Group (DRG) amount. The coinsurance for Medicare Part A for non-APDRG providers is limited to the lesser of the coinsurance amount as determined by Medicare Part A, the District Medicaid calculated rate, or the Medicare Diagnosis Related Group (DRG) amount for eligible hospitals.

Medicare Part B Deductibles and Copayments:

In accordance with the District's State Plan, Medicare Part B deductibles and copayments are limited to the State Plan rates and payment methodologies. The total payment, Medicare and Medicaid combined, shall not exceed the rate otherwise payable by the Medicaid program.

Claims for Medicare Part A deductible and coinsurance payments for facility based services should be submitted to D.C. Medicaid on the UB-92. A copy of the Medicare remittance advise must be attached. Facilities qualified to receive payment

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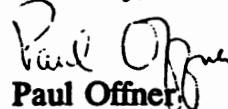
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under the APDRG payment system should provide documentation sufficient to calculate the APDRG amount on the UB-92. Non-APDRG facilities should provide the calculated payment amount that would have been payable by Medicaid. Attached to the UB-92 must be a copy of the Medicare explanation of benefits.

Claims for Medicare Part B deductible and coinsurance payments should be submitted to D.C. Medicaid on the HCFA 1500. A copy of the Medicare remittance advice must be attached.

If additional information is needed, you may call Ms. Terri A. Thompson at (202) 727-0735.

Sincerely,



Paul Offner
Commissioner