

KNOWLEDGE . RESOURCES . TRAINING

# Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2021

MLN Matters Number: MM12024 Related Change Request (CR) Number: 12024

Related CR Transmittal Number: R10469GI Implementation Date: January 4, 2021

## PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Home Health and Hospice (HH&H) MACs and Durable Medical Equipment (DME) MACs for services provided to Medicare beneficiaries.

## WHAT YOU NEED TO KNOW

This article informs you of the new Calendar Year (CY) 2021 Medicare premium, coinsurance, and deductible rates.

#### BACKGROUND

Beneficiaries who use covered Part A services may be subject to deductible and coinsurance (percent of costs that the enrollee must pay) requirements. A beneficiary is responsible for an inpatient hospital deductible amount which is deducted from the amount payable by the Medicare program to the hospital for inpatient hospital services provided in a spell of illness.

When a beneficiary receives such services for more than 60 days during a spell of illness, he or she is responsible for a coinsurance amount equal to one-fourth of the inpatient hospital deductible per day for the 61<sup>st</sup> through 90<sup>th</sup> day spent in the hospital. A beneficiary has 60 lifetime reserve days of coverage, which they may elect to use after the 90<sup>th</sup> day in a spell of illness. The coinsurance amount for these days is equal to one-half of the inpatient hospital deductible. A beneficiary is responsible for a coinsurance amount equal to one-eighth of the inpatient hospital deductible per day for the 21<sup>st</sup> through the 100<sup>th</sup> day of Skilled Nursing Facility (SNF) services provided during a spell of illness.

Most individuals age 65 and older, and many disabled individuals under age 65, are insured for Health Insurance (HI) benefits without a premium payment. The Social Security Act provides





MLN Matters: MM12024 Related CR 12024

that certain aged and disabled persons who are not insured may voluntarily enroll but are subject to the payment of a monthly premium. Since 1994, voluntary enrollees may qualify for a reduced premium if they have 30 to 39 quarters of covered employment. When voluntary enrollment takes place more than 12 months after a person's initial enrollment period, a 10% penalty is assessed for 2 years for every year they could have enrolled and failed to enroll in Part A.

Under Part B of the Supplementary Medical Insurance (SMI) program, all enrollees are subject to a monthly premium. Most SMI services are subject to an annual deductible and coinsurance, which are set by statute. When Part B enrollment takes place more than 12 months after a person's initial enrollment period, there is a permanent 10% increase in the premium for each year the beneficiary could have enrolled and failed to enroll.

## Policy: 2021 Part A - Hospital Insurance

- Part A Deductible
  - 0 \$1,484.00
- Part A Coinsurance
  - \$371.00 a day for days 61 through 90
  - \$742.00 a day for days 91 through 150 (lifetime reserve days)
  - \$185.50 a day for days 21 through 100 (Skilled nursing facility coinsurance)
- Part A Base Premium (BP)
  - o \$471.00 a month
- Part A BP with 10% surcharge
  - o \$518.10 a month
- Part A BP with 45% reduction
  - o \$259.00 a month (for those who have 30 to 39 quarters of coverage)
- Part A BP with 45% reduction and 10% surcharge
  - o \$284.90 a month

## 2021 Part B – Supplementary Medical Insurance (SMI)

- Part B Standard Premium
  - o \$148.50 a month
- Part B Deductible
  - o \$203.00 a year
- Pro Rata Data Amount
  - o \$145.31 for the 1st month
  - o \$57.69 for the 2<sup>nd</sup> month
- Coinsurance
  - o 20%





MLN Matters: MM12024 Related CR 12024

## ADDITIONAL INFORMATION

The official instruction, CR 12024, issued to your MAC regarding this change is available at <a href="https://www.cms.gov/files/document/r10469gi">https://www.cms.gov/files/document/r10469gi</a>.pdf. See Attachment A of CR 12024 for Income Parameters for Determining Part B Premium.

If you have questions, your MACs may have more information. Find their website at <a href="http://go.cms.gov/MAC-website-list">http://go.cms.gov/MAC-website-list</a>.

### **DOCUMENT HISTORY**

Date of Change		Description	
November 20, 2020	Initial article released.		

**Disclaimer:** Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at <a href="mailto:ub04@healthforum.com">ub04@healthforum.com</a>

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.



