



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

February 17, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-08
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: JANUARY 2011 SOCIAL SECURITY TITLE II AND TITLE XVI COST OF LIVING ADJUSTMENTS AND RELATED ISSUES

The purpose of this letter is to provide counties with the following information:

- Instructions for computing January 2011 Cost of Living Adjustments (COLA) for Title II Retirement, Survivor's, and Disability Insurance (RSDI) benefits.
- The 2011 Medicare Part B Premiums for most beneficiaries and applicants will be \$96.40; however, see Enclosure 1 for additional information concerning 2010 and 2011 Medicare Part B premiums.
- The 2011 Federal Benefits Rate (FBR), no change from 2010.
- The 2011 In-Kind Support and Maintenance Values for computing Pickle Eligibility; no change from 2010. (Enclosure 2)
- The 2011 Supplemental Security Income/State Supplemental Payment (SSI/SSP) cash grant levels effective May 1, 2009. (Enclosure 3)
- The 2011 Resource Limit for both Medi-Cal and Pickle cases; no change from 2010. (Enclosure 4)
- The 2011 Pickle Disregard Computation Chart. (Enclosure 5)

I. TITLE II RSDI COLA

The Social Security Administration has advised us that there will not be a COLA for 2011.

II. SSI/SSP PAYMENT LEVELS

The SSI/SSP payment levels in effect since May 1, 2009, are provided on the enclosed chart (Enclosure 2 – page 16-1a to be added to your Pickle Manual). The county should use these figures in allocating income to or from the SSI/SSP recipient and the Medi-Cal Family Budget Unit. These budget computations should be performed at the same time the Title II COLAs are being processed. These payment levels are also to be used for all Pickle eligibility determinations and redeterminations.

III. 2011 RESOURCE LIMITS

Effective since January 2009, the resource limit for both Medi-Cal only and Pickle eligibility will remain the same - \$2,000 for one person and \$3,000 for two. Add the 2009 Resource Limit in the Pickle Handbook Procedures, Section 15, page 15-12 (Enclosure 3).

IV. 2011 FBR

Individual	\$ 674
Couple	\$1,011

V. 2011 PICKLE DISREGARD COMPUTATION CHART

Effective January 1, 2011, the enclosed chart (Enclosure 4) is to be used when computing a Title II disregard amount for Pickle eligibles and applicants. Please note that individuals, who were discontinued from SSI/SSP in 2009 or in 2010 have not received a Title II COLA and therefore, do not meet Pickle eligibility criteria.

If you have any questions concerning the Pickle program, please contact Harold Higgins at (916) 522-9522 or by e-mail at harold.higgins@dhcs.ca.gov. Any questions concerning Share-Of-Cost issues should be directed to Harold Higgins or Craig Yagi by phone at (916) 445-4062 or by e-mail at craig.yagi@dhcs.ca.gov.

Original signed by:

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Enclosures

Fact Sheets

Details for: MEDICARE PREMIUMS, DEDUCTIBLES FOR 2011

[Return to List](#)

For Immediate Release:

Thursday, November 04, 2010

Contact:

CMS Office of Public Affairs
202-690-6145

MEDICARE PREMIUMS, DEDUCTIBLES FOR 2011

The Centers for Medicare and Medicaid Services (CMS) has set the Medicare premiums, deductibles and coinsurance amounts to be paid by Medicare beneficiaries in 2011.

For Medicare Part A, which pays for inpatient hospital, skilled nursing facility, and some home health care, the deductible paid by the beneficiary when admitted as a hospital inpatient will be \$1,132 in 2011, an increase of \$32 from this year's \$1,100 deductible. The Part A deductible is the beneficiary's cost for up to 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay an additional \$283 per day for days 61 through 90 in 2011, and \$566 per day for hospital stays beyond the 90th day in a benefit period. For 2010, the per-day payment for days 61 through 90 was \$275, and \$550 for beyond 90 days. For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 in a benefit period will be \$141.50 in 2011, compared to \$137.50 in 2010. Those who enroll in Medicare Advantage plans may have different cost-sharing arrangements. All of these Part A program payment changes are determined in accordance with a statutory formula.

About 99 percent of Medicare beneficiaries do not pay a premium for Medicare Part A services since they have at least 40 quarters of Medicare-covered employment. However, some enrollees age 65 and over and certain persons with disabilities who have fewer than 30 quarters of coverage obtain Part A coverage by paying a monthly premium established according to a statutory formula. This premium will be \$450 for 2011, a decrease of \$11 from 2010. Individuals who have between 30 and 39 "quarters of coverage" may buy into Part A at a reduced monthly premium rate of \$248 in 2011.

The monthly premium paid by beneficiaries enrolled in Medicare Part B covers a portion of the cost of physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. The standard Medicare Part B monthly premium will be \$115.40 in 2011, a \$4.90 increase (or 4.4-percent) over the 2010 premium. However, the majority of Medicare beneficiaries will continue to pay the same \$96.40 premium amount they have paid since 2008.

Part A premiums are decreasing because spending in 2010 was lower than expected and the Affordable Care Act implemented policies that lower Part A spending due to payment efficiencies and efforts related to waste, fraud and abuse. Part B premiums are increasing because of growth in the use of services like outpatient hospital care, home health and physician-administered drugs. In addition, the premium accounts for a likely Congressional action to avert a precipitous decrease in physician payments, which the Administration supports, and has occurred every year since 2003. The Administration is committed to permanent reform of the physician payment formula.

By law, the standard premium is set to cover one-fourth of the average cost of Part B services incurred by beneficiaries aged 65 and over, plus a contingency margin. The contingency margin is an amount appropriate to (i) cover incurred-but-unpaid claims costs, (ii) provide for possible variation between actual and projected costs, and (iii) amortize any surplus assets or unfunded liabilities. The remaining Part B costs are financed by Federal general revenues. (In 2011, \$2.5 billion in Part B expenditures will be financed by the new fees on manufacturers and importers of brand-name prescription drugs under the Affordable Care Act. The revenue from these fees reduces the standard Part B premium by \$0.90.)

Based on current estimates, Part B assets are not sufficient to cover the amount of incurred-but-unpaid expenses and to provide for a significant degree of variation between actual and projected costs. Thus, a large positive contingency margin is needed to increase assets to a more appropriate level.

The size of the contingency margin for 2011 is affected by two additional factors. First, the current law formula for physician fees will result in a payment reduction of 23 percent in December 2010 and, in this analysis, is projected to cause an additional reduction of about 6.5 percent starting January 2011. (The actual reduction in physician fees under current law for January 2011 is now known to be 2.5 percent. As is typical, the final adjustment was not available in time to include in the premium determination.) There is a strong likelihood that these reductions will be overridden by legislation enacted after Part B premiums are established for 2011. For each year from 2003 through November 2010, Congress has acted to prevent smaller physician fee reductions from occurring.

In recognition of this strong possibility of higher Part B expenditures resulting from similar legislation to override the decreases in physician fees in December 2010 and January 2011, it is appropriate to maintain a significantly larger Part B contingency reserve than would otherwise be necessary. The asset level projected for the end of 2010 would otherwise not be adequate to accommodate this contingency.

Second, for most Part B beneficiaries a “hold-harmless” provision prevents their net Social Security benefit from decreasing as a result of an increase in the Part B premium. There was no increase in Social Security benefits for 2010, and, as a result of slow growth in the CPI, this result will occur again for 2011. Consequently, the increase in the Part B premium for 2011 will be paid by only a small percentage of Part B enrollees. Approximately 27 percent of beneficiaries are not protected by the hold-harmless provision because they are subject to the income-related additional premium amount (5 percent), they are new enrollees during the year (3 percent), or they do not have their Part B premiums withheld from Social Security benefit payments (19 percent, 17 percentage points of whom qualify for both Medicare and Medicaid and have their Part B premiums paid by Medicaid).

Although Part B premiums will remain flat in 2011 for the great majority of beneficiaries, program costs will still increase significantly. In order for Part B to be adequately funded in 2011, the 2011 contingency margin has been increased to account for this situation. However, this adjustment results in a larger-than-usual premium paid by or on behalf of a minority of Part B enrollees. No other means is available under current law to prevent a substantial decrease in account assets, which would jeopardize the ability to pay Part B benefits.

As required in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, beginning in 2007 the Part B premium a beneficiary pays each month is based on his or her annual income. Specifically, if a beneficiary’s “modified adjusted gross income” is greater than the legislated threshold amounts (\$85,000 in 2011 for a beneficiary filing an individual income tax return or married and filing a separate return, and \$170,000 for a beneficiary filing a joint tax return) the beneficiary is responsible for a larger portion of the estimated total cost of Part B benefit coverage. In addition to the standard 25 percent premium, affected beneficiaries must pay an income-related monthly adjustment amount. About 5 percent of current Part B enrollees are expected to be subject to the higher premium amounts.

The 2011 Part B monthly premium rates to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are shown in the following table:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	\$115.40
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$46.10	\$161.50
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$115.30	\$230.70

Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$184.50	\$299.90
Greater than \$214,000	Greater than \$428,000	\$253.70	\$369.10

In addition, the monthly premium rates to be paid by beneficiaries who are married, but file a separate return from their spouse and lived with their spouse at any time during the taxable year are as follows:

Beneficiaries who are married but file a separate tax return from their spouse:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	\$0.00	\$115.40
Greater than \$85,000 and less than or equal to \$129,000	\$184.50	\$299.90
Greater than \$129,000	\$253.70	\$369.10

As a result of the Medicare Modernization Act, the Part B deductible was increased to \$110 in 2005 and is indexed by the annual percentage increase in the Part B actuarial rate for aged beneficiaries. In 2011, the Part B deductible will be \$162. (The actuarial rate is set by law at one-half of the total estimated per-enrollee cost of Part B benefits and administrative expenses, adjusted as necessary to maintain an adequate contingency reserve.)

Enrollees in Medicare Part D prescription drug plans pay premiums that vary from plan to plan depending on each plan's efficiency and scope of benefits. Beginning in 2011, the Affordable Care Act requires Part D enrollees whose incomes exceed the same thresholds that apply to higher income Part B enrollees to pay a monthly adjustment amount. These enrollees will pay the regular plan premium to their Part D plan and will pay the income-related adjustment to Medicare. The 2011 Part D income-related monthly adjustment amounts to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are shown in the following table:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00
Greater than \$85,000 and less than or equal to	Greater than \$170,000 and less than or equal to	\$12.00

\$107,000	\$214,000	
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$31.10
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$50.10
Greater than \$214,000	Greater than \$428,000	\$69.10

In addition, the income-related monthly adjustment amounts to be paid by Part D beneficiaries who are married, but file a separate return from their spouse and lived with their spouse at any time during the taxable year are as follows:

Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	Income-related monthly adjustment amount
Less than or equal to \$85,000	\$0.00
Greater than \$85,000 and less than or equal to \$129,000	\$50.10
Greater than \$129,000	\$69.10

As noted above, states have programs that pay some or all of beneficiaries' Part A and Part B premiums and coinsurance for certain people who have Medicare and a limited income. Similarly, Part D beneficiaries with limited income and assets are eligible for Federal subsidies to reduce their premiums and coinsurance. Information is available at 1-800-MEDICARE (1-800-633-4227) and, for hearing and speech impaired, at TTY/TDD: 1-877-486-2048.

P I C K L E H A N D B O O K

2011 ISM VALUES FOR
COMPUTING PICKLE ELIGIBILITY

	<u>Individual</u>	<u>Couple</u>
VTR (not rebuttable)**	\$224.66	\$337.00
PMV (rebuttable)***	\$244.66	\$357.00

The VTR is the payment level to be used in situations 1, 2, and 3 below. The PMV is the unearned income amount to be added in other situations. The following chart provides the method that must be used for determining Pickle eligibility for individuals and couples in various living arrangements.

<u>HOUSEHOLD SITUATION (LIVING ARRANGEMENT)</u>	<u>PRINCIPLE</u>
1. Living in household of another throughout a month and receiving both food and shelter from someone in the household.	Reduce the applicable payment level by one-third the Federal Benefit Rate (FBR). Use the VTR.
2. Living in household of another who is providing both food and shelter and also receiving ISM from a third party.	Reduce the FBR payment level by one-third (VTR). Exclude third party ISM.
3. Living with a responsible relative (deemor) who lives in the household of another and the householder is not a responsible relative but is supplying both food and shelter.	Add VTR from the householder to deemed income from the responsible relative and add to other unearned income.
4. Living in own household (ownership or rental liability) and receiving ISM from someone outside the household.	Add PMV to other unearned income.
5. Living in non-institutional care* situation or group home and receiving ISM from someone outside the household.	Add PMV to other unearned income.
6. Living with a responsible relative (deemor) who lives in the household of another and the householder is not a responsible relative but is supplying food or shelter.	Add PMV from the householder to deemed income from the responsible relative and add to other unearned income.
Continued on next page	
7. Living in household of another and sharing partial or total household expenses.	If pro rata share is contributed, we use the SSI/SSP payment level for a person in an "independent living arrangement." If pro rata share is not contributed, add PMV.

P I C K L E H A N D B O O K

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8. One member of an eligible couple lives in the household of another and receives both food and shelter from the householder while the second member lives in his/her home or a non-medical institution. One-sixth of the FBR for a couple for the person living in the household of another. (VTR-not rebuttable.)
- One-sixth of the FBR for a couple for the person living in his/her own household. (VTR-not rebuttable.)
9. If the non-institutionalized spouse lives in any other situation. One-sixth of the FBR for a couple plus \$10.
10. Paying less than Current Market Rental Value (CMRV) for shelter. (See page 1-2.) Add PMV unless criteria for earned/unearned income are met (see ISM).

PICKLE HANDBOOK

SSI/SSP
SECTION 16--PAYMENT STANDARDS
EFFECTIVE MAY 1, 2009

	Independent Living			Household of Another with In-Kind Room and Board			Independent Living Arrangement Without Cooking Facilities (RMA) ^{1/}			Nonmedical Board and Care Licensed Facility/ Household of Relative Without In-Kind Room & Board		
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
INDIVIDUAL:												
Aged or Disabled	870.00	674.00	196.00	658.67	449.34	209.33	856.34	449.34	407.00	1,086.00	674.00	412.00
Blind	935.00	674.00	261.00	739.67	449.34	209.33				1,086.00	674.00	412.00
Disabled Minor*	756.00	674.00	82.00	532.67	449.34	83.33				1,086.00	674.00	412.00
NMOHC ^{2/}				856.34	449.34	407.00						
COUPLE: (amount per couple)												
Both are: Aged or Disabled	1,524.00	1,011.00	513.00	1,233.33	674.00	559.00	1,719.66	674.00	1,045.66	2,172.00	1,011.00	1,161.00
Both Are Blind	1,751.00	1,011.00	740.00	1,460.00	674.00	786.00				2,172.00	1,011.00	1,161.00
One is Blind, One is Aged or Disabled	1,666.00	1,011.00	655.00	1,374.00	674.00	700.00				2,172.00	1,011.00	1,161.00
NMOHC^{2/} amount per Couple				1,719.66	674.00	1,045.66						
NONMEDICAL BOARD AND CARE						FEDERAL BENEFIT RATE (FBR)						
			<u>Minimum</u>	<u>Maximum</u>								
TOTAL:				\$1,086.00	\$1,086.00							
Board and Room				466.00	466.00					INDIVIDUAL:		
Care and Supervision				400.00	495.00					Aged, Blind, or Disabled		
Personal and Incidental Needs				220.00 max	125.00 min					\$674.00		
Title XIX Medical Facility				Individual \$50.00	Couple \$100.00					COUPLE:		
									Aged, Blind, or Disabled			
									\$1,011.00			
<p>* Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.</p> <p>^{1/} RMA – Restaurant Meals Allowance - \$84 Individual; \$168 Couple</p> <p>^{2/} NMOHC^{2/} – Nonmedical out-of-home care living in household of relative or guarding with In-Kind Room and Board.</p>												

P I C K L E H A N D B O O K

RESOURCE ELIGIBILITY
 2011 Resource Limits
 \$2,000--Individual
 \$3,000--Couple

Pickle persons must be within the resource limit at 12:01 a.m. on the FIRST DAY OF THE MONTH for which eligibility is being determined. If a person is not eligible on the first, he/she is not eligible for the ENTIRE MONTH.

Using information from the MC 210, SAWS 2 or MC 210B, complete the Pickle Resource Worksheet (DHS 7037) to determine resource eligibility. Instructions for completion of the DHS 7037 are attached to the form.

Refer to the following for determining resource eligibility.

- Resource charts.
- Life estate and remainder interest tables.

Clarification

1. Possible Pickle Person Living With a Spouse

If both members of the couple are eligible, apply the resource limit for two persons and consider the resources of BOTH spouses (whether owned separately or jointly).

2. Possible Pickle Child

Allow the parents all of the resource exclusions for which they would be eligible if they were the applicants. Consider only the resources of the parent and his/her spouse. This includes, but is not limited to home, household goods, personal effects, automobile, etc.

After the exclusions are applied, the remaining countable resources are deemed to the possible Pickle child. Where there is more than one possible Pickle child, the resources are deemed among those children:

Example

There are two possible Pickle children and \$500 in parental resources must be deemed to them. Deem \$250 to each child.

3. If applicant is ineligible as a possible Pickle person due to excess resources:

(Continued next page.)

2/16/2011

2010 Pickle Multipliers

Date of Last SSI	Cost of Living Amount	Multiplier
1/10 through 12/10	1.000	0.0000
1/09 through 12/09	1.000	0.0000
1/08 through 12/08	1.058	0.0548
1/07 through 12/07	1.023	0.0761
1/06 through 12/06	1.033	0.1056
1/05 through 12/05	1.041	0.1408
1/04 through 12/04	1.027	0.1634
1/03 through 12/03	1.021	0.1806
1/02 through 12/02	1.014	0.1919
1/01 through 12/01	1.026	0.2124
1/00 through 12/00	1.035	0.2390
1/99 through 12/99	1.024	0.2569
1/98 through 12/98	1.013	0.2664
1/97 through 12/97	1.021	0.2815
1/96 through 12/96	1.029	0.3017
1/95 through 12/95	1.026	0.3194
1/94 through 12/94	1.028	0.3380
1/93 through 12/93	1.026	0.3548
1/92 through 12/92	1.030	0.3735
1/91 through 12/91	1.037	0.3959
1/90 through 12/90	1.054	0.4268
1/89 through 12/89	1.047	0.4526
1/88 through 12/88	1.040	0.4736
1/87 through 12/87	1.042	0.4948
1/86 through 12/86	1.013	0.5013
1/85 through 12/85	1.031	0.5163
1/84 through 12/84	1.035	0.5327
7/82 through 12/83	1.035	0.5485
7/81 through 06/82	1.074	0.5796
7/80 through 06/81	1.112	0.6219
7/79 through 06/80	1.143	0.6692
7/78 through 06/79	1.099	0.6990
7/77 through 06/78	1.065	0.7174
4/77 through 06/77	1.059	0.7331