

## **.07 Medicare Part A**

[Medicare](#) Part A is hospital insurance. It covers basic inpatient hospital care, skilled nursing facility care, home health services, and hospice.

Depending on the length of stay, Medicare Part A pays the following amounts:

- First 60 days, all covered services, except for a single deductible that the patient is responsible to pay. This amount must be verified.
- 61 - 90 days, the patient is responsible for a specified per diem amount. This amount must be verified.
- Over 90 days, the patient is responsible for a different per diem amount. This amount must be verified.

The per diem amount is determined by the Social Security Administration. The Medicare Part A per diem amount is the same for all recipients. The amount the Medicare Part A recipient pays changes each year.

NOTE The per diem amount the patient is responsible to pay is an allowable expense deduction in the [MD](#) category.

Medicare recipients pay premiums and deductibles. These payments are allowed in the MD category when it is verified there is no other responsible party and no third party liability. (See [Medicare Amounts](#) for additional policy)

The Explanation of Medicare Benefits (E.O.M.B.) notice is verification from [SSA](#) of third party liability. Verify the amount the patient is required to pay after the Medicare payment is made.

When the E.O.M.B. is not available, only the following are allowable medical expenses:

- The amount, verified by the provider, that the patient is required to pay after the Medicare payment is made.
- Medicare Part A - Hospital deductible per benefit period.
- [Medicare Part B](#) - Monthly premium.

NOTE These amounts change annually.