

# Medicare Exhaust and No Part A Claims

Indiana Health Coverage Programs  
Gainwell Technologies  
2023 IHCP Works Annual Seminar



# Agenda

- Is There a Difference Between Medicare Exhaust and No Part A?
- How Are the Claims Submitted?
- What Supporting Documentation Is Required?
- Where Are the Claims Sent?
- Reminders
- Helpful Tools
- Questions



# **Is There a Difference Between Medicare Exhaust and No Part A?**



# Medicare Exhaust

Is there a difference between Medicare Exhaust and No Part A?

Yes or No

## Medicare Exhaust:

- Member has Medicare Part A inpatient coverage.
- Member has exhausted the allowed 90 days per benefit period and the 60 lifetime reserve days.
  - To renew a new benefit period, member must be out of the hospital or **not** on a Part A skilled nursing facility stay for 60 consecutive days.
- Days may be exhausted at the beginning of a stay or at any time during a stay.
- Verify Medicare eligibility on the HIPAA Eligibility Transaction System (HETS):
  - [HETS](#)



# No Part A

## No Part A:

- Member does **NOT** have Medicare Part A inpatient coverage.
  - Member may not meet the requirements to be eligible for Part A.
- Member **may** have Part B benefits even if they do not have Part A.
- Verify Medicare eligibility on HETS to view benefits.



# How Are Claims Submitted?



# How Are Medicare Exhaust *PRIOR* to a stay and No Part A Claims Submitted?

## Test your knowledge

Can Medicare Exhaust *PRIOR* the inpatient stay and No Part A claims be submitted on the IHCP Provider Healthcare Portal?

Yes or  No

- Claims may pay, but they will not adjudicate correctly.
- Claims must be submitted on an original **Red UB-04** paper claim form.

Are Medicare Exhaust *PRIOR* to the inpatient stay and No Part A claims filed as secondary claims?

Yes or  No

- Claims are considered Medicaid primary claims.
- Do **NOT** enter value codes, co-insurance, etc.



# Timely Filing and Prior Authorization

**Do timely filing limits apply to Medicare Exhaust *PRIOR* to inpatient stay and No Part A claims?**

Yes or No

- Claims are subject to the 180 days filing limit from date of discharge.

**Do Medicare Exhaust *PRIOR* to inpatient stay and No Part A claims require prior authorization?**

Yes or No

- All prior authorization requirements must be met.





# Part B Charges

**Do the eligible Part B charges need to be filed to Medicare first?**

Yes or No

- File all eligible Part B charges to Medicare first.
  - When the Part B crossover claim is sent to Medicaid, that claim must be voided prior to submitting the Exhaust or No Part A claim.
  - The Part B payment is reported on the claim.
  - The Part B explanation of benefits (EOB) should **NOT** be sent with the Exhaust or No Part A claim.

## **Exception:**

When benefits are exhausted in the middle of a stay, Part B charges are not submitted to Medicare.

**Let's take a look at how the claim should be submitted!**



# Medicare Exhaust *PIOR* to the stay and No Part A Claim Form

Required information on the claim form

On the top of the form:

Write *either* “Medicare Exhaust” or “No Part A.”

Medicare Exhaust

A Medicare claim form with the text "Medicare Exhaust" written in the top left corner. The form includes fields for patient name, address, birth date, admission date, and a table for charges with columns for description, date, and amount.

No Part A

A Medicare claim form with the text "No Part A" written in the top left corner. The form includes fields for patient name, address, birth date, admission date, and a table for charges with columns for description, date, and amount.



# Field 50 A

## Required information on the claim form

Enter *either* “Exhaust” or “No Part A” – not both.

50 PAYER NAME	
A	EXHAUST
B	
C	

50 PAYER NAME	
A	NO PART A
B	
C	



# Field 50 B and Field 54 B

## Required information on the claim form

### Field 50 B:

The Medicare Part B payment is listed as “Prior Payment.”

- Do **NOT** enter “Medicare Part B.”

	50 PAYER NAME
A	EXHAUST OR NO PART A
B	PRIOR PAYMENT
C	

### Field 54 B:

Enter the Prior Payment amount (Part B payment).

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASIG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A	EXHAUST OR NO PART A					
B	PRIOR PAYMENT				2000 00	
C						



# Field 50 C

## Required information on the claim form

Enter "Medicaid."

50 PAYER NAME	
A	EXHAUST OR NO PART A
B	PRIOR PAYMENT
C	MEDICAID



# Field 55 C

## Required information on the claim form

Enter Medicaid estimated payment.

PAGE ____ OF ____		CREATION DATE		TOTALS		2400 00
50 PAYER NAME	51 HEALTH PLAN ID	52 REZ. 8870	53 ADD. 8874	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
EXHAUST OR NO PART A				2000 :00		57
PRIOR PAYMENT						OTHER
MEDICAID					400 :00	PRV ID

**Total Billed Amount** minus the **Prior Payment** equals estimated **Medicaid Payment**.



# Medicare Exhaust *DURING* an Inpatient stay

## Test your knowledge

What if the member exhausts days *DURING* an inpatient stay:

Choose all the **correct** answers:

- A. File the claim as an Inpatient Secondary claim.
- B. File the claim on the IHCP Provider Healthcare Portal.
- C. File the entire inpatient stay to Medicare first.
- D. File the Part B charges to Medicare.
- E. File the claim on paper.
- F. Enter covered days, co-insurance, deductible, etc. on the claim.



# Claim filing for Medicare Exhaust *DURING* an Inpatient Stay

**The claim should automatically crossover from Medicare.**

- Claims will adjudicate according to the IHCP inpatient crossover reimbursement methodology.
  - If the claim does not crossover automatically, the claim may be submitted directly on the IHCP Provider Healthcare Portal or via a **red UB-04** paper claim.
- Claims for Medicare Advantage Plans do not automatically crossover and will need to be filed on the IHCP Provider Healthcare Portal or via a **red UB-04** paper claim.
- After co-insurance and deductible are considered, no additional payment will be made.

Claims are considered secondary claims, so if filed on paper will require the [Third-Part Liability \(TPL\) Form](#)





# What Supporting Documentation Is Required?



# Supporting Documentation

## Test your knowledge

### What documentation is required?

Choose the **correct** answer:

- A. Part B EOB from Medicare.
- B. Part A EOB from Medicare, if applicable.
- C. Medicare eligibility verification from Medicare [HETS](#)

### Exception:

The primary EOB may be added to waive timely filing:





- Circle the date on the primary EOB.
- Add a note stating “use this date for timely filing”.
  - Must be within 180 days of paid date on EOB.
- Draw a diagonal line through the information.



# Information provided on the HETS Verification

HETS provides the eligibility documentation needed for Exhaust prior to stay and No Part A claims.

You can get eligibility information by submitting a HETS 270 request. If a patient is eligible, you will get a 271 response with the following information:

- Demographics
- Part A entitlement 
- Part B entitlement 
- Part D
- Medicare Advantage
- Qualified Medicare Beneficiary
- Date of death
- Deductibles and coinsurance
- Hospital spells 
- Hospital lifetime reserve days remaining 
- Skilled Nursing Facility spells and remaining benefit days

# Where Are the Claims Sent?



# Where Are Paper Claims Sent?

## Test your knowledge

Choose the **correct** answer:

- A. Institutional (Inpatient Hospital, Home Health, Outpatient Facility, Long-Term Care – Including Crossover)  
Gainwell – *UB-04* Claims  
P.O. Box 7271  
Indianapolis, IN 46207-7271
- B. Written Correspondence
- C. Provider Relations Region Consultant



# Helpful Tools



# Provider Assistance

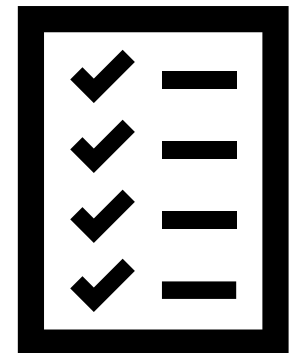
Your provider relations consultant can:

- Assist you with complex claim denial issues.
- Provide free IHCP Provider Healthcare Portal training.
- Assist you with the enrollment or revalidation process.
- Assist you in understanding member eligibility.
- Conduct 1:1 virtual or in-person onsite training and provider workshops.
- Help you in navigating the IHCP provider website/modules.

# Contact Checklist

E-mails and calls should always include:

- Provider NPI and Provider ID.
- Contact name, phone number and e-mail.
- Exact reason for the e-mail or call:
  - Claim example and exact claim information.
  - Member information including the RID (member Medicaid number).
  - Nature of issues.
- Provider enrollment – include the application tracking number (ATN).
- Any other information to help us research prior to returning the e-mail or call.

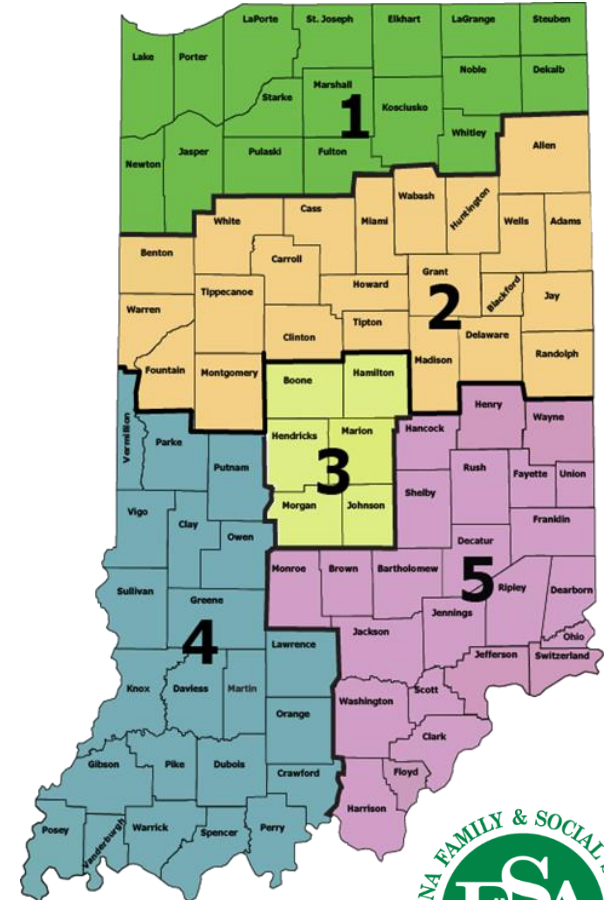


**E-mail is the preferred method of contact.**



# Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) <a href="mailto:inxixregion1@gainwelltechnologies.com">inxixregion1@gainwelltechnologies.com</a>	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) Jen Collins (I) <a href="mailto:inxixregion2@gainwelltechnologies.com">inxixregion2@gainwelltechnologies.com</a>	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I) <a href="mailto:inxixregion3@gainwelltechnologies.com">inxixregion3@gainwelltechnologies.com</a>	317-488-5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) <a href="mailto:inxixregion4@gainwelltechnologies.com">inxixregion4@gainwelltechnologies.com</a>	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) <a href="mailto:inxixregion5@gainwelltechnologies.com">inxixregion5@gainwelltechnologies.com</a>	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne



# Helpful Tools Information

## [Indiana Medicaid for Providers](#) website:

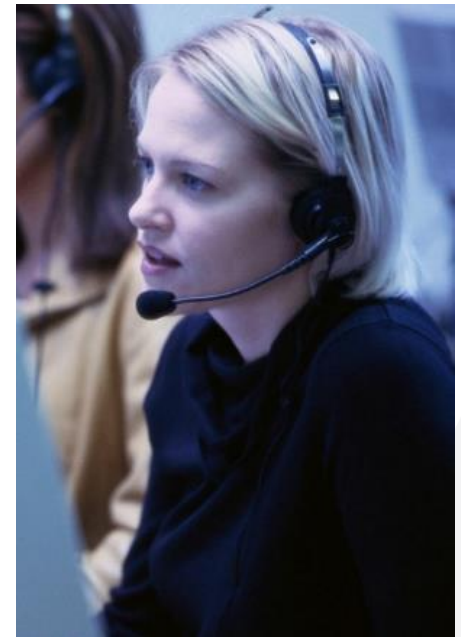
- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

## Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday, 8 a.m. – 6 p.m. Eastern Time

## Secure Correspondence:

- Via the IHCP Provider Healthcare Portal
  - Registered account required.
  - After logging in to the IHCP Provider Healthcare Portal, click **Secure Correspondence** to submit a request.



# Questions

