

Ensure Compliance with Medicare Secondary Payer Provisions

Medicare Secondary Payer Compliance for Workers' Compensation

Trust a Leader to Protect Your Interests

Ensuring compliance with federal provisions can be extremely difficult to navigate and often exposes companies to costly penalties, as well as the risk of incurring fees on claims that don't meet the Centers for Medicare & Medicaid Services (CMS) guidelines. Yet this area still offers considerable savings potential that's unrealized by many companies.

Allsup is extremely knowledgeable about all aspects of the Medicare, Medicaid and SCHIP Extension Act of 2007 Mandatory Insurer Reporting (MMSEA Section 111 MIR) for liability (including self-insurance), no-fault insurance and workers' compensation responsible reporting entities (RREs). We have the IT resources and expertise needed to help you satisfy compliance responsibilities and balance your overall Medicare Secondary Payer Compliance needs as it relates to SCHIP reporting, Medicare status verifications, conditional payment services and Medicare set-asides.

Medicare Set-Aside Service

Allsup assists companies with cost-effective, consistent and measurable compliance with Medicare guidelines. We review workers' compensation claims with settlement potential to determine the need for Medicare set-aside, establish an allocation amount, and submit settlement cases to CMS for approval, when applicable. The two most common settlement cases that require CMS approval are:

- **The settlement amount, including lost wages, future medical expenses and other expenses, is \$25,000 or greater, AND the claimant is already a Medicare beneficiary at the time of the settlement.**
- **The settlement amount, including lost wages, future medical expenses and other expenses, is \$250,000 or greater, AND the claimant will be a Medicare beneficiary within 30 months.**

With our Medicare Set-Aside Service, we will:

- **Audit claims** individually or in blocks to determine if a Medicare set-aside is required.
- **Analyze future medical expenses** that will be incurred post-settlement, including life care plans if applicable.
- **Provide comprehensive tracking reports** that itemize the status of each claim, processing times and fees incurred.
- **Quantify allocation amount** of Medicare set-aside funds or request a waiver when no funds are required.
- **Prepare written proposals** and submit each electronically to CMS within 30 days or less upon receipt of all necessary documentation to expedite approval of the Medicare set-aside amount.
- **Resolve Medicare liens** on expenses relating to the workers' compensation claim.
- **Establish an ongoing process** for managing your Medicare set-aside program.
- **Manage the overlap** between Medicare set-aside and SCHIP compliance by electronically reviewing your entire customer base or specific populations.



**Contact us at (866) 477-7005 or
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Allsup's Medicare Set-Aside Success Rate

- 84.9 percent of claims are approved as requested.
- 11.4 percent of claims were adjusted slightly higher by CMS and the client accepted the approval with the increase.
- 3.7 percent of claims were disputed because of the increase of the Medicare set-aside funds requested by CMS. Additional documentation was provided to validate the original request for approval.

Medicare Verifications

Allsup can help you meet compliance requirements by determining Medicare entitlement dates and status to:

- Meet MMSEA MIR requirements.
- Consider Medicare conditional payment notices, inquiries and resolutions.
- Analyze the need for Medicare set-aside allocations and submissions.

Conditional Payment Services

- **Medicare Beneficiary Notifications**
Upon determining a claimant's Medicare status, we will proactively report claims to CMS to stop Medicare conditional payment accrual.
- **Medicare Conditional Lien Verifications**
Allsup will request a Medicare set-aside conditional payment summary from CMS.
- **Medicare Conditional Lien Resolutions**
Allsup will compare treatment, diagnostic codes, state regulations and timely claim filing procedures to the CMS worksheet to determine if the charges are related to your claim and negotiate with CMS to have inappropriate charges removed to secure final conditional payment amounts.

Pay Only for Results

Allsup offers unbundled pricing for lien verification, allocations, submissions to CMS and revisions. You pay only when we successfully complete an allocation, submission or conditional lien resolutions. We also offer free claim reviews and audits of individual claims or blocks of claims, training and nationwide copy services for claims.

About Allsup

Allsup is the leading nationwide provider of Social Security disability benefit services. Since 1984, we have helped hundreds of employers, government agencies, insurance providers, third-party administrators, and law firms maximize overpayment reimbursement dollars and future savings to their long-term disability, group health and workers' compensation plan liability by properly coordinating employee benefits with SSDI and Medicare. Our understanding of the complex Social Security process, coupled with our systems' capabilities and operational scope, has yielded outstanding results.

Allsup's headquarters are located in Belleville, Illinois, near St. Louis.



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