

School: ATEC – Mastering Medical Settlements **by Ametros**
Course: Post-Settlement Reality: Life After Settlement
Faculty: Jayson Gallant, Vice President of Strategic Partnerships, Ametros

Summary

Jayson Gallant’s course “Post-Settlement Reality: Life After Settlement” explores the challenges injured individuals face once they settle their workers' compensation claims, focusing on the complexities of managing Medicare Set-Asides (MSAs). As Vice President of Strategic Partnerships at Ametros, Gallant draws from his experience in the industry and highlights the importance of properly administering MSAs, either through self-administration or professional administration, to avoid pitfalls that could lead to issues with Medicare coverage.

The course begins with an overview of the Medicare Secondary Payer Act and the role MSAs play in ensuring that Medicare’s interests are protected when injured workers receive settlements for future medical care. Gallant explains that many individuals opt for self-administration, where they manage their MSA accounts on their own, but this comes with numerous challenges, including navigating medical billing, tracking expenses, and adhering to Medicare’s reporting requirements. He emphasizes that the complexity of self-administration can lead to Medicare denials if the MSA is not properly managed.

One of the core issues Gallant addresses is the confusion injured workers and their healthcare providers experience in understanding what expenses should be paid from the MSA versus those that Medicare should cover. This is particularly important as failing to use MSA funds correctly can lead to Medicare denying coverage for future medical treatments related to the injury. Gallant cites research conducted by Ametros showing that thousands of Medicare beneficiaries face claim denials annually because of improper MSA administration. These denials, often due to a lack of understanding or miscommunication between the injured individual and their providers, highlight the risks of self-administration.

Gallant compares self-administration with professional administration services, such as Ametros' CareGuard. Professional administrators take over the responsibility of managing MSA funds, ensuring compliance with Medicare regulations, handling medical billing, and submitting annual reports to Medicare. This service not only reduces the administrative burden on the injured worker but also helps prevent costly mistakes that could jeopardize Medicare coverage. Gallant emphasizes the importance of professional administration, especially for those who are not well-versed in medical billing or Medicare compliance.

For many injured workers, the transition to managing their own healthcare expenses post-settlement can be overwhelming. They may not be aware of the complexities involved, such as which treatments should be billed to their MSA versus traditional Medicare or private insurance. Professional administrators provide clarity and support in these situations, ensuring that injured individuals do not make mistakes that could result in financial hardship.

Gallant advocates for a greater reliance on professional administration, particularly for injured workers who are managing large or complex MSAs. He underscores the importance of education and preparation before settlement, as injured workers often find themselves navigating unfamiliar territory when they take on the responsibility of self-administering their MSAs. Ultimately, the course stresses that professional administration offers a solution that can ease the burden on injured workers while ensuring compliance with Medicare rules, helping to avoid denials and unnecessary financial stress.

The course encourages professionals in the workers' compensation and Medicare space to consider the needs of injured individuals post-settlement and to provide them with the necessary tools and resources, including access to professional administration services.

Learning Objectives

1. Understand the complexities injured workers face after settling their workers' compensation claims, particularly when dealing with Medicare Set-Asides (MSAs).
2. Learn the difference between self-administration and professional administration of MSAs, including the key responsibilities associated with each.
3. Recognize the potential challenges and confusion that arise in post-settlement medical billing and compliance with Medicare requirements.
4. Explore how Medicare denials occur post-settlement due to misunderstandings or errors related to MSA usage.
5. Discuss the role of professional administrators in reducing post-settlement burden, ensuring compliance, and saving costs for injured individuals.

Primary Takeaways

1. Injured individuals often face difficulties in understanding and managing their Medicare Set-Aside funds, especially without proper guidance.
2. Denials often occur because providers are unfamiliar with MSAs, leading to incorrect billing to Medicare instead of using MSA funds.

3. Injured workers must understand which medical expenses should be covered by their MSAs versus their traditional Medicare or private insurance plans.
4. Professional administrators like Ametros' CareGuard can handle billing, compliance, and reporting, significantly reducing the injured individual's burden.
5. Research shows that thousands of claims are denied yearly due to improper handling of MSAs, highlighting the need for professional administration to prevent such issues.

Course Outline

- 1) Introduction to Post-Settlement Realities
 - a) Introduction and Speaker Overview
 - i) Jason Gallant's role and experience in the Medicare Secondary Payer space
 - ii) The importance of addressing post-settlement realities for injured workers
 - b) Medicare Set-Asides (MSAs)
 - i) Purpose of MSAs in post-settlement care
 - ii) Overview of self-administration vs. professional administration
- 2) Challenges in Managing Medicare Set-Asides (MSAs)
 - a) Medicare Denials and Issues
 - i) Research on Medicare denials post-settlement
 - ii) Misunderstandings by providers about MSAs
 - iii) Challenges in billing to Medicare versus MSAs
 - b) Responsibilities of Injured Workers
 - i) Managing MSA accounts and tracking expenses
 - ii) Reporting requirements and Medicare attestation
 - iii) Complexities of medical billing and fee schedules
- 3) Solutions and Professional Administration
 - a) Benefits of Professional Administration
 - i) Reducing confusion and ensuring compliance with Medicare
 - ii) Handling billing, tracking, and reporting to Medicare
 - iii) Achieving cost savings through professional negotiation
 - b) Professional Administration Services
 - i) The role of Ametros and CareGuard in managing post-settlement care
 - ii) Support for injured workers in handling MSA and non-MSA funds
 - c) Final Thoughts and Recommendations
 - i) Encouraging injured workers to seek professional assistance
 - ii) The importance of proper education and preparation for post-settlement realities



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