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Service: MSACP (Medicare Set-Aside Certified Planner)
Module: LEARNING MODULE 3
Workers' Compensation Medicare Set-Aside Medical Record and Payment History Review
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Summary

This module, presented by Johanna Owens and Jayme Madonna, explores the critical components of preparing a Workers' Compensation Medicare Set-Aside (WCMSA). The focus is on the review of medical records and payment histories, ensuring compliance with Centers for Medicare & Medicaid Services (CMS) requirements.

The session begins with an introduction to key terms such as durable medical equipment (DME), rated age, and the Workers' Compensation Review Contractor (WCRC). These definitions provide a foundational understanding of the WCMSA process.

Referral and Documentation Requirements: The referral process is emphasized as a vital first step. Essential claimant information includes name, Social Security Number (SSN), Date of Birth (DOB), jurisdiction, injury descriptions, and accepted/denied conditions. This information ensures accurate pricing and allocation of medical costs. Medical and payment histories covering the most recent two years of treatment are required for WCMSA preparation. These histories must be complete, with matching records for each documented payment. Any discrepancies or missing details must be clarified with the client to avoid submission delays.

Medical Records and Payment Histories: Medical records should include treating physician notes, diagnostic test results, and procedural histories. CMS does not accept evaluations such as Independent Medical Examinations (IMEs), Qualified Medical Examinations (QMEs), or Agreed Medical Examinations (AMEs) as substitutes for medical treatment records. These records are organized chronologically. Payment histories provide an overview of medical treatments and their frequencies, offering insights into the claimant's care patterns. These histories must be categorized (e.g., medical, indemnity, and expense payments) and include details such as payment dates and amounts.

Medication Histories: Prescription records must reflect two years of refill data, including medication names, dosages, and refill frequencies. These details ensure that all prescribed treatments align with medical and payment histories. Missing or



incomplete medication histories, such as undocumented refills, can lead to CMS requests for additional information.

Legal and Procedural Considerations: The module highlights the role of legal documents, such as court orders, in WCMSA preparation. For example, state-specific legislative limits on medical coverage must be supported by court findings to be included in CMS submissions. Proper documentation reduces the risk of CMS developments and expedites approval.

Avoiding Common Errors: The presenters outline frequent submission errors, including:

- Insufficient medical or medication histories.
- Incomplete payment records with outdated run dates.
- Mismatched documentation between medical and payment histories.

Strategies to mitigate these errors include submitting all relevant treatment records, ensuring updated run dates, and clarifying discrepancies before submission.

The session concludes by emphasizing the importance of thorough preparation and organization. Complete, accurate, and well-documented submissions streamline the process and minimize delays. This module sets the stage for deeper exploration of WCMSA specifics in subsequent sessions, building on these foundational principles.

Learning Objectives

1. Understand the key components and requirements for preparing a WCMSA, including medical and payment history documentation.
2. Identify the necessary referral information and how it aligns with CMS submission requirements.
3. Learn the processes for reviewing, summarizing, and organizing medical records and payment histories for WCMSA allocations.
4. Recognize common issues that will delay submissions to CMS and strategies to avoid them.
5. Explain the role of legal considerations, such as court orders and state-specific limits, in WCMSA preparation and approval.

Primary Takeaways

1. Accurate and complete referral information, including claimant details, injury descriptions, and jurisdiction specifics, is essential for efficient WCMSA processing.



2. WCMSA preparation requires the last two years of medical treatment records and payment histories, ensuring they match and support the treatment allocation.
3. CMS does not accept certain documents, like IMEs or letters from attorneys, as substitutes for treating physician records. Proper organization and completeness reduce delays.
4. Insufficient medication or payment histories, missing records, and outdated run dates on documentation are common errors that lead to CMS developments or denials.
5. Court orders and state-specific legislation (e.g., Georgia's 400-week limit) can influence WCMSA calculations and must be supported by appropriate documentation.

Course Outline

- 1) Introduction to WCMSA Medical Record and Payment History Review
 - a) Module objectives and overview.
 - b) Glossary of terms (e.g., DME, RA, SSN).
 - c) Importance of accurate and complete information for CMS submissions.
- 2) Referral Information Requirements
 - a) Essential claimant details: Name, DOB, SSN, injury dates.
 - b) Accepted and denied conditions documentation.
 - c) Jurisdiction considerations for fee schedules.
- 3) Medical Record Review
 - a) Types of records needed:
 - i) Last two years of treatment.
 - ii) Diagnostic and procedural reports (e.g., MRIs, surgeries).
 - b) CMS exclusions:
 - i) IMEs, attorney letters, incomplete records.
 - c) Organization and preparation tips:
 - i) Chronological arrangement, avoiding highlighting.
- 4) Payment and Medication Histories
 - a) Payment history details:
 - i) Claimant's name, payment dates, amounts, and services.
 - b) Medication history specifics:
 - i) Medication names, dosages, refill frequencies and dates of refills.
 - c) Cross-referencing records for accuracy.



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- 5) Legal and Procedural Considerations
 - a) Impact of court orders on allocations.
 - b) Handling state-specific legislative limits.
 - c) Importance of supporting documentation.

- 6) Avoiding Submission Delays
 - a) Insufficient medical and medication records.
 - b) Missing or outdated payment histories.
 - c) Importance of run dates and reconciliation.

- 7) Conclusion and Best Practices
 - a) Key takeaways for efficient WCMSA preparation.

NOTE: Artificial Intelligence was used in the creation of this document.