



Service: MSACP (Medicare Set-Aside Certified Planner)
Module: LEARNING MODULE 9
CMS Submissions
Faculty: Kristina Bonnano, Associate Attorney, Sanderson Firm

Summary

In Module 9, Kristina Bonnano provides a comprehensive guide to the CMS submission process for Workers' Compensation Medicare Set-Asides (WCMSAs). The presentation highlights key steps, documentation requirements, and strategies to ensure successful CMS reviews, reducing the risks of inflated allocations or delays.

CMS Submission Eligibility and Requirements: The module begins by defining CMS submission thresholds:

- Current Medicare Beneficiaries: Total settlement must exceed \$25,000.
- Expected Beneficiaries within 30 Months: Settlement amount must be over \$250,000. Eligibility is determined by criteria like age, pending disability applications, or specific medical conditions (e.g., end-stage renal disease).

Required Documentation: Submissions to CMS require a well-prepared packet, including:

1. Submitter Letter: Summary of the claim, including claimant demographics, pricing methods, and administration plans (self or professional).
2. Consent or HIPAA Form: A claimant-signed document with identifying information to meet CMS standards.
3. Rated Ages and WCMSA Report: If applicable, rated age calculations adjust life expectancy for cost projections.
4. Medical Records and Payment Histories: The most recent two years of treatment records and payment documentation are essential. Payment histories must include clear details about medical expenses and be current within six months of submission.

Incomplete or outdated records are the most common reasons for CMS development letters, which delay the review process.

CMS Review and Approval: CMS uses the Workers' Compensation Review Contractor (WCRC) to evaluate submissions. The WCRC assesses medical records, prescription histories, and other documents to project future treatment costs. Once reviewed, CMS issues a determination letter summarizing the approved amount or providing a counteroffer. For annuity-funded MSAs, CMS requires a higher initial seed amount to cover projected high-cost treatments in the first two years. Lump-sum funding is also an option but requires claimant agreement for changes post-approval.



Re-Review and Amended Review Options: There are two informal appeal processes:

1. **Re-Review:** Address CMS errors, missing documentation, or submission mistakes. Supporting evidence must predate the original submission.
2. **Amended Review:** Available 12 months post-determination for cases with significant changes in projected care, resulting in a 10% or \$10,000 variance. This one-time option replaces the original CMS-approved amount.

Strategies for Avoiding Common Issues: Best practices include:

- Ensuring all documents are complete, accurate, and dated within the required timeframe.
- Collaborating with claimants and medical providers to clarify treatment plans.
- Using evidence-based guidelines to prepare defensible WCMSAs.

CMS submissions are voluntary, but still a common part of the process for protecting Medicare's interests in settlements. This module underscores the importance of preparation, proactive engagement, and attention to detail in navigating the CMS submission process.

Learning Objectives

1. Understand the CMS submission process for WCMSAs, including eligibility criteria and required documentation.
2. Learn the role of the WCRC in evaluating WCMSA submissions.
3. Identify common reasons for CMS development letters and strategies to address them effectively.
4. Explore the options for re-review and amended review, including eligibility criteria and submission requirements.
5. Analyze best practices for preparing complete and accurate WCMSA submission packets to reduce delays and counter determinations.

Primary Takeaways

1. CMS reviews WCMSAs when the claimant is a Medicare beneficiary with a settlement exceeding \$25,000 or reasonably expected to become a beneficiary within 30 months with a settlement over \$250,000.
2. Essential documents include the WCMSA report, submitter letter, HIPAA/consent form, medical records, payment histories, and, if applicable, rated ages and settlement worksheets.
3. Insufficient medical records, outdated payment histories, and missing required forms are common triggers for CMS development requests.



4. These processes address CMS errors or significant changes in projected care, with specific criteria for eligibility and documentation.
5. WCMSAs may be funded via lump sum or annuity, with self-administration or professional administration options, requiring annual reporting to Medicare.

Course Outline

- 1) Introduction to CMS Submissions
 - a) CMS Review Process
 - i) Eligibility thresholds based on settlement amounts and Medicare status.
 - ii) Importance of protecting Medicare's interests.
 - b) Overview of the WCRC
 - i) Role in evaluating submissions and issuing determinations.
- 2) Preparing a WCMSA Submission
 - a) Required Documentation
 - i) Submitter letter, MSA report, HIPAA/consent form.
 - ii) Medical records, payment and prescription histories, and settlement worksheets.
 - b) Rated Age and Life Expectancy
 - i) Importance of including rated ages for accurate cost calculations.
- 3) Addressing CMS Development Requests
 - a) Common Triggers for Development Letters
 - i) Insufficient or outdated medical records.
 - ii) Missing or incomplete HIPAA/consent forms.
 - b) Strategies for Avoiding Development Requests
 - i) Ensuring complete and up-to-date documentation.
- 4) Post-Submission Processes
 - a) Re-Review Options
 - i) Addressing mathematical errors, missing documentation, and submission errors.
 - ii) Limitations on document dates and types for re-review.
 - b) Amended Reviews
 - i) Criteria: At least 12 months post-approval, 10% or \$10,000 variance, and unsettled cases.
 - ii) Preparing updated submissions for significant changes in care.
- 5) Funding and Administration of WCMSAs



This document is the property of MSPCollege
(a service of Sanderson Firm and WorkCompCollege.com)
and cannot be reproduced or distributed without authorization.

- a) Funding Options
 - i) Lump sum vs. annuity funding, including seed money and annual payments.
- b) Administration Requirements
 - i) Self-administration vs. professional administration.
 - ii) Annual attestation of proper fund usage.

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