



20 MEDICARE TIPS FOR 2020

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GENERAL TIPS:

1. Start early! When preparing an initial analysis of a workers' compensation claim, keep note of: claimant's date of birth, Social Security Disability status, and Medicare entitlement date, in order to initiate a Medicare investigation early.
2. The BCM Medicare Compliance Department is available to assist with any Medicare-related issues throughout the pendency of a claim. Please do not hesitate to contact us at any time during your case. It is never too early or too late!
3. The low-dollar review thresholds for liability, no-fault, and workers' compensations cases remain \$750.00, effective January 1, 2020.

CONDITIONAL PAYMENTS:

4. The Medicare Commercial Repayment Center (CRC) is only accepting the Medicare Beneficiary Identifier (MBI) over the telephone to get updated information on conditional payments cases, and they are sticking to this procedure. We recommend obtaining a copy of the claimant's Medicare card as soon as possible.
5. That said, if a claim was reported through Section 111 using the claimant's Health Insurance Claim Number (HICN), the case does not need to be re-reported using the MBI.
6. The Centers for Medicare and Medicaid Services (CMS) now offers new access to Open Debt Reports through the Medicare Secondary Payer Recovery Portal, which will include a list of all known and open conditional payments claims involving a specific insurer or self-insured entity.
7. CMS has an online payment system accessible for conditional payments demands, which has been underutilized since its induction. However, CMS is eager for more entities to utilize this system in the future, and discussions for an efficient use of the online payment system have been initiated.



8. Once your ongoing responsibility for medicals terminates, remember to have your Section 111 vendor close ongoing responsibility for medical (ORM) for reporting purposes. This will assist with swift closure of conditional payments cases.
9. Familiarize yourself with the correct responsible reporting entity (RRE), Section 111 vendor, and correct debtor, in preparation for conditional payments cases.
10. Medicare is very specific as to the language and information included in letters of authority, proof of representation, consent to release, and other authorization forms. Make sure that these forms are executed properly to allow for a smooth conditional payments investigation.

WORKERS' COMPENSATION MEDICARE SET-ASIDE/FUTURE MEDICAL:

11. An updated WCMSA reference guide was released on October 28, 2019 (Version 3.0, dated October 10, 2019). There are several changes to the reference guide that impact the WCMSA process.
12. **New consent form language is required for WCMSA submissions. CMS will accept the old consent form until April 1, 2020. As of April 1, 2020, all consent-to-release notes must include language indicating that the beneficiary reviewed the submission package and understands the WCMSA intent, submission process, and associated administration, with signed initials.**
13. With the changes to the consent form, if your workers' compensation case is currently ripe for a WCMSA submission, we recommend initiating the submission process as soon as possible.
14. The WCMSA Amended Review period has been extended to six years. Previously, the Amended Review period covered only one to four years after an initial WCMSA approval.
15. An updated Self-Administration Tool-Kit was also released (Version 1.3, dated October 10, 2019). This includes guidelines for claimant's self-administration of approved WCMSAs.
16. The WCMSA portal will soon have a feature to allow for claimants or their representative(s) to submit annual attestation documents.
17. A formal MSA process, similar to that of a WCMSA, is still pending for liability cases. As we await a formal procedure, the BCM Medicare Compliance Department can assist in navigating ways to considering Medicare's interests in liability cases without a formal approval process.
18. CMS has requirements in reviewing an MSA. Keeping updated medical records on file is important for the WCMSA submission process.



19. Always consider alternative methods to close medical rights and adequately consider Medicare's interests. It is not a one-size fits all practice. Remember: the submission of a WCMSA is a voluntary process!

AND, OF COURSE:

20. Please remember that your BCM Medicare Compliance Department is eager to provide assistance with any of the above!

Medicare Compliance Team

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