

CARR ALLISON MEDICARE COMPLIANCE GROUP

Exceeding Expectations, Delivering Results.

News and Alerts

First Quarter 2016

Making a Difference in 2016

For the past fifteen years, Carr Allison's Medicare Compliance Group has made "going above and beyond" our minimum standard. Clients who have entrusted us to handle Medicare Secondary Payer issues on their behalf deserve nothing less. Exceptional Service. Responsiveness. Timeliness. Quality. Accuracy. Results. Our commitment to clients is even stronger in 2016. We offer solutions for workers' compensation, liability and no-fault clients nationwide. If you haven't already, I personally invite you to give us a try and see how we can make a difference for you in 2016.

Melisa C. Zwillling

Attorney, Chair

Critical Information Delivered Immediately

Staying up-to-date on current Medicare Secondary Payer issues is more important now than ever. Subscribe to our News and Alerts bulletin at www.carrallison.com and follow us on our blog.

"We provided a second-opinion MSA review after another law firm vendor recommended a \$322,371 MSA. We obtained CMS approval for \$18,380."

**Client savings =
\$303,991**



IN THIS ISSUE

- Important CMS Updates
- Recent Results
- Medicare Secondary Payer Qui Tam Case Law Update



Obtain Final Conditional Payment Amount PRIOR to Settlement

The ability to obtain a Final Conditional Payment Amount prior to settlement has gone live. As we discussed in November, as part of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART Act), the MSPRP was to be modified to include a new functionality allowing authorized MSPRP users to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement and request that a final conditional payment amount is provided. CMS' December 21st alert states:

This new functionality provides authorized MSPRP users with the option to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement, ensure that relatedness disputes are addressed within 11 business days of receipt of dispute documentation, request a Final Conditional Payment Amount, and obtain a time and date stamped final conditional payment summary document before reaching settlement. Once the Final Conditional Payment has been calculated, this amount will not change as long as:

1. The case is settled within 3 calendar days of requesting the Final Conditional Payment Amount, and
2. Settlement information is submitted through the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount. *(continued on Page 4)*

Our Services

*Workers' Compensation
Medicare Set-aside
Allocations*

Liability Settlement Allocations

Conditional Payment Claim Resolution

Medicare Advantage Plan Solutions

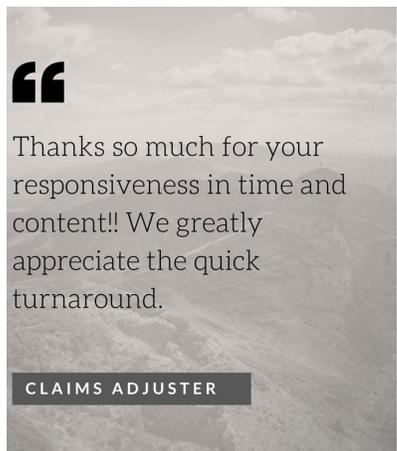
Prescription Drug Plan Negotiation

Section 111 Reporting Services

Policy & Procedure Guides

Client Education Courses

Pharmacist Prescription Reviews



Recent Results

Disputed conditional payment claims in the amount of \$49,958 to zero based on a disputed injury argument.

Client savings = \$49,958

Disputed \$112,175 in conditional payment claims asserted by CMS based on a pre-existing back condition. CMS reduced the lien to \$506.

Client Savings = \$111,669

Obtained reduction in conditional payment claims originally asserted in the amount of \$112,000 CMS reduced the claim to \$505.83.

Client savings = \$111,494

Negotiated to reduce a lien of \$34,540 to zero and received the response from CMS within the same day!

Client savings = \$34, 540

Disputed \$61,661 in conditional payment claims, CMS reduced to ZERO .

Client savings - \$66,661



Results Matter

With clients' money on the line, we understand that Results Matter. We deeply appreciate the trust our clients put in us to do everything we can to save money and help them remain profitable. Sometimes, though, when Medicare Secondary Payer issues are involved, it isn't an easy task. We continually refine our practice to meet each challenge while remaining true to our passion: **providing exceptional client service and delivering results.** We are committed to serving our clients exceedingly well and ensuring compliance with complex federal laws.

Every detail of Medicare Compliance files handled by Carr Allison is managed, from beginning to end, by an experienced attorney. Our attorneys are readily available to discuss case-specific facts and suggest ways to save money. In addition, our nurse allocators are located on-site and are eager to assist in any way possible. In an area that is constantly changing, we make complete Medicare Compliance as **simple and worry-free** as possible.

CMS Update (*cont.*)

A request for a Final Conditional Payment Amount can only be done once per case. If the case is not settled with 3 days and/or the settlement information is not submitted through the MSPRP within 30 calendar days, the Final CP process will be voided. At that time new claims may be added to the case and the CP amount will be modified accordingly. Also, any subsequent disputes will not be held to the 11 day resolution timeframes.

Important Note: An insurer and their authorized representatives can initiate the Final CP process on their insurer-debtor case as long as a settlement is pending on the case and no outstanding Ongoing Responsibility for Medicals (ORM) exists. Once the Final CP process has been started on an insurer-debtor case, the following events will occur:

- The insurer-debtor case will be closed and the debt will be transferred to a new case where the beneficiary is the identified debtor.
- The insurer and their authorized representatives will not be able to work the new beneficiary-debtor case or receive copies of any recovery-related correspondence related to the new beneficiary-debtor case until they obtain and submit an authorization signed by the beneficiary.”

As you can see, CMS provided additional information in their most recent alert regarding the new MSPRP functionality. Most notably, the parties are allowed only one download from the MSPRP when requesting the final conditional payment amount prior to settlement. Furthermore, it appears to place restrictions on obtaining the final demand amount in an insurer-debtor case. We will keep you posted regarding any changes to this process.

***NEW:* Court Dismisses Takemoto Qui Tam Action**

On January 20, 2016, the US District Court for the Western District of New York issued an order dismissing the claims of Kent Takemoto against numerous defendants. 2016 U.S. Dist. LEXIS 6468. In his complaint, Takemoto alleged that countless insurer, self-insurer and TPA defendants violated the Medicare Secondary Payer Act by “knowingly and improperly” avoiding their “obligation to reimburse the United States for payments made to Medicare beneficiaries.” The court found that Takemoto had no evidence supporting his general claims and, as expected, dismissed his complaint.

Contact Us

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