DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Financial Services Group

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Proposed Expansion of the Workers' Compensation Medicare Set-aside Re-Review Process

The Centers for Medicare and Medicaid Services (CMS) is seeking your comments on the manner in which we expand our Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) re-review process. Currently, CMS has a limited re-review process for WCMSA amounts that can be used in situations where CMS is notified that the submitter omitted documentation from the original proposal or when a mathematical error was made by Medicare's review contractor.

Below is our proposed expanded re-review process. We would like comments on all aspects of our proposal, including comments on the timeframe, threshold and reasons for granting a re-review. Once the process is finalized, we will post implementation dates and detailed instructions on how to use this process on the WCMSA website. Please send any comments or concerns you may have on this proposed process to WCMSARereview@cms.hhs.gov by March 31, 2014.

Under the planned expanded process, re-reviews will be available for a broader array of categories and reasons. All requests for re-review will be sent to the Workers' Compensation Review Contractor (WCRC) for resolution within 30 business days. The WCRC will direct the request to a group of experts best skilled to review the identified issue. The experts that perform the re-review will not be the same specialists involved in the original determination.

I. Re-review requests can be submitted at any time to the WCRC for the following reasons:

- A mathematical error was identified in the approved set-aside amount.
- Original submission included case records for another beneficiary.

II. Re-review requests can be submitted to the WCRC when the original WCMSA was approved within the last 180 days; the case has not settled; no prior re-review request has been submitted for this WCMSA; and, the re-review requests a change to the approved amount of 10% or $10,000 (whichever is more) for any of the following reasons:

- Submitter disagrees with how the medical records were interpreted.
- Medical records dated prior to the submission date were mistakenly omitted.
- Items or services priced in the approved set-aside amount are no longer needed or there is a change in the beneficiary's treatment plan.
- A recommended drug should not be used because it may be harmful to the beneficiary.

- Dispute of items priced for an unrelated body part.
- Dispute of the rated age used to calculate life expectancy.

In certain situations, a re-review may be elevated by the WCRC to a CMS Regional Office. This level of review will occur in situations such as, failure to adhere to court findings; CMS policy disputes; carrier maintains Ongoing Responsibility for Medicals for treatment that has been included in approved WCMSA, etc.

Thank you for reviewing and commenting on the proposed re-review process. We will schedule a Town Hall Teleconference prior to implementation of the expanded re-review process.