



Medicare compliance: MSAs and lien resolution



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Assuring proper Medicare compliance has become a critical element in effectively managing liability and workers' compensation claims, but navigating compliance details, while managing the time and cost of claims, can be extremely challenging, risky and costly.

Our Medicare compliance services

Medicare compliance may be one of the costliest headaches you face – Sedgwick can help.

For any organization struggling to manage Medicare compliance issues, we pose a simple question: Are you paying more money than you have to? If the answer is yes, consider Sedgwick's Medicare compliance services.

To learn more, here are answers to some commonly asked questions about Sedgwick's Medicare compliance services.

What makes our approach unique?

In addition to our key focus – managing the overall costs of your claims – there are five primary features that set us apart from others in our industry:

- **Cost control** – We focus on moving your claims toward settlement in the least expensive manner possible – do it right, do it once.
- **Integration** – Our Medicare compliance services are integrated with our claims management system to gain immediate access to important data (e.g., Medicare eligibility). The sooner in the claim cycle we have the data, the earlier we can identify and address potential Medicare issues. It's a critical part of how we work to shorten claim cycles and move each one toward settlement.
- **Efficiency** – With an integrated solution, we have access to all of the claim data and documents in our system platforms. This allows us to provide our services with a shorter turnaround time than other vendors.

- **Quality** – By employing experts, our Medicare compliance division has the ability to address all issues that are involved.
- **Security** – Sensitive medical documents and personal information never leave Sedgwick, there is no risk of breach or file corruption due to transmittal of claims to third parties.

What makes Sedgwick different from other companies providing Medicare compliance services?

The cornerstone of our approach to Medicare compliance is the combination of our proprietary claims management system and an in-house resource team. When you send us a referral, we immediately access it in our system and provide our examiners with in-depth analysis of each claim to determine if a Medicare set aside (MSA) is necessary. That level of analysis means you don't pay for unnecessary MSAs.

We advise our examiners to reconsider MSA referrals, when appropriate. As a result, we turn away approximately 7% of claims for MSAs – that's business we turned away to save our clients money.

Would a company that specializes in MSAs have greater knowledge of the issues and ongoing regulatory changes?

We know that competitors will often tout that their sole focus is MSAs. However, we think that position negates the value of a company focused on managing the total cost of all your claims.



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And, unlike companies that derive their revenue only from a single specialty, if we don't think an MSA is necessary, we'll let you know. Ultimately, our overall goal is to drive total claims costs down. And our expertise in MSAs is second to none. With a team of more than 30 specialists, led by one of the leading experts on MSAs, we provide one of the nation's largest and most experienced MSA resolution programs.

"There is no magic formula for getting MSAs lowered. You need to start with a foundation of good medical records to lower the MSA and follow CMS' guidelines." *Michael R. Merlino II, Esq., SVP, Medicare Compliance and Structured Settlements*

What is your average turnaround and how does it compare to other MSA companies?

The key metric to measure when it comes to MSAs is not how quickly a vendor can generate an MSA report, it's about results. On average, it takes the Centers for Medicare & Medicaid Services (CMS) two months to approve a claim. Rushing to complete paperwork in 10 days versus taking the time to ensure all data is accurate, up to date and complete makes a big difference. When looking at promises of fast MSA turnaround – be sure to look at how often that vendor comes back to ask for more information and what they charge for that each time. How does your pricing compare? Our pricing is not only very competitive, but it also offers increased value compared to others in the marketplace. We charge a set fee and explain to the examiner exactly what is needed to ensure there are no further charges.

We provide detailed, clear and simple pricing sheets for all key products. Others in the industry often have hidden charges that add up when it comes to MSAs. Some firms can easily charge \$5,000 per MSA file in updates and revisions.

To date, our lien resolution services have saved our clients more than \$5 million.

Do you charge for updates and appeals?

That's a critical point for clients to examine. Most MSA vendors charge for every update or appeal. We are perfectionists when it comes to providing complete and accurate MSA information upon first submission. As a result, there are very few requests for updates or additional information. If updates are needed, they are capped at \$615 – and only if the MSA file is over six months. Notably, we offer one free update at the time of submission.

The Sedgwick difference

Our Medicare team provides expert services focused on:

- Reducing the total cost of all your claims
- Ensuring claims are submitted accurately and completely the first time
- Reducing work for examiners, so they can focus on critical issues and not administrative tasks
- Providing examiners with detailed recommendations to assist in reducing the MSA
- Updating MSA at time of submission at no charge, and... no hidden fees or costs are associated with the MSA

Contact Sedgwick today to learn more about our services for managing your entire Medicare compliance process.

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