Workers Compensation Medicare Set-Aside What's New Archive 2013

November 15, 2013 – Notice of Barbiturate Coverage Changes in Medicare Part D Effective for WCMSA Proposals Submitted on or after January 1, 2014

Barbiturate coverage under the Medicare Part D Benefit will be changing on January 1, 2014. Due to the passage of the Patient Protection and Affordable Care Act (PPACA), all restrictions on barbiturate indications will be lifted and any medically accepted indication will have coverage under the Medicare Part D Benefit. (Refer to the Patient Protection and Affordable Care Act (PPACA). Sec. 2502*. Elimination of Exclusion of Coverage of Certain Drugs*. June 9, 2010.)

Effective January 1, 2014, CMS will begin allocating barbiturates for all medically accepted indications within WCMSAs. Barbiturates are currently limited to the treatment of epilepsy, cancer, or a chronic mental health disorder (as found in the Medicare Improvements for Patients and Providers Act (MIPPA)).

Please note that WCMSA cases submitted to CMS before January 1, 2014, closed due to missing, incomplete and/or inadequate supporting documentation (or any other reason), and subsequently re-opened after January 1, 2014, will also be subject to a review that includes the Barbiturate coverage changes due to PPACA.

November 6, 2013 - New WCMSA Reference Guide is Now Available

An updated Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Reference Guide is now available in the Downloads section found at the bottom of this page. This version documents the current WCMSA review process and provides more detailed information on the actions performed by the Workers' Compensation Recovery Contractor (WCRC).

CMS is currently working on additional enhancements to the WCMSA process. Stakeholders will be notified of these proposed changes prior to implementation. Please continue to monitor the WCMSA website for updates.

The following sections of the Guide have been enhanced or added:

- 9.4.1.1 – Most Frequent Reasons for Development Requests: The five most common omissions as provided by the WCRC.
- 9.4.2 – WCRC Team Background and Resources Used: The expertise of the WCRC reviewers as well as the resources used when reviewing a WCMSA.

- 9.4.3 – WCRC Review Considerations: Examples of the questions and factors that guide the WCRC's review of WCMSA proposals. The overarching guidelines used in treatment allocations and pricing is also provided.
- 9.4.4 – Medical Review: A diagram and steps the WCRC follows in its medical review process with a general explanation of documentation requirements.
- 9.4.5 – Medical Review Guidelines: Considerations and examples in specific medical cases and topics.
- 9.4.6.1 – Prescription Drug Review: Details the process the WCRC follows in reviewing prescription medication allocations and the resources that may be used.
- 9.4.6.2 – Pharmacy Guidelines and Conditions: Discusses specific drug usage and pricing considerations.
- 10.1.8 – Pay history added to list of information needed for WCMSA submission.

August 7, 2013

A document titled, *CMS Regional Office Contacts – August 5, 2013* is now available in the Downloads section of the **WCMSA Submission** page. This document replaces an older version of the Contacts list.

July 10, 2013

A document titled *CMS Regional Office Contacts - July 1, 2013* is now available in the Downloads section of the **WCMSA Submission** page.

June 14, 2013

A document titled *WCMSA Top Submission Errors and Helpful Hints* is now available in the Downloads section of the **WCMSA Submission** page.

April 22, 2013

Starting April 22, 2013, all newly generated WCMSA related letters will have the first five characters of the SSN/HICN masked. This action is being taken to prevent the number from being seen by unauthorized individuals. The only exception to this rule is the SSN/HICN will not be masked on Attestation forms.

April 8, 2013

On October 2, 2012, the Centers for Medicare & Medicaid Services (CMS) issued a memorandum to Part D Sponsors concerning the transition to Part D Coverage of Benzodiazepines and Barbiturates beginning in 2013.

Effective June 1, 2013, all Workers' Compensation Medicare Set-Aside (WCMSA) proposals submitted to CMS for a review of the adequacy of the proposal amount are to include the pricing of benzodiazepines and barbiturates, where appropriate.

Please note that WCMSA cases submitted to CMS before June 1, 2013, closed due to missing, incomplete and/or inadequate supporting documentation (or any other reason), and subsequently re-opened after June 1, 2013, will also be subject to a review that includes the pricing of benzodiazepines and barbiturates.

April 8, 2013 – CMS.Gov Web Site Redesign

The Coordination of Benefits and Medicare Secondary Payer Recovery sections on the Medicare tab of the CMS.gov Web Site are currently being redesigned and restructured.

The first phase of this reorganization was to the Workers' Compensation Agency Services section. This section has been replaced by the Workers' Compensation Medicare Set-Aside Arrangement section.

March 29, 2013 – New WCMSA Reference Guide is Now Available

A new *Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Reference Guide* has been posted and is available in the Downloads section found at the bottom of this page. This reference guide was created to consolidate information currently found within the Workers' Compensation Agency Services webpages and CMS Regional Office Program Memorandums, while providing WCMSA information to attorneys, Medicare beneficiaries, claimants, insurance carriers, representative payees, and WCMSA vendors. Please continue to visit this website for future updates to the reference guide, including additional details regarding the Workers' Compensation Review Contractor's review process.

February 12, 2013 – WCMSA Re-review Request

Effective immediately, if a WCMSA proposal amount was originally submitted via the WCMSA web-portal (WCMSAP), a re-evaluation of an approved WCMSA amount can be requested through the WCMSAP, if the claimant or submitter believes:

- CMS's determination contains obvious mistakes, such as a mathematical error or failure to recognize that medical records already submitted show a surgery, priced by CMS, that has already occurred; or
- They have additional evidence, not previously considered by CMS, which was dated prior to the submission date of the original proposal, which warrants a change in CMS's determination.

Please refer to Question # 12 of the July 11, 2005, procedure memorandum located on the Memorandums page for detailed information regarding when a re-evaluation request may be submitted. The CMS Regional Offices will continue to review the requests submitted through the portal.