Workers’ Compensation Medicare Set-Aside What’s New Archive 2017

December 21, 2016 – Announcement regarding Workers’ Compensation Medicare Set-Aside

The Centers for Medicare & Medicaid Services recently revisited the task of reviewing its process for addressing requests for CMS to “re-review” otherwise approved Workers’ Compensation Medicare Set-Aside Arrangement (WCMSA) amounts. In Calendar year 2017, CMS expects to update its existing re-review process to address situations where CMS has provided an approved amount, but settlement has not occurred and the medical care that supported the approved amount has changed substantially. CMS also expects its updated process to address situations where certain states rely on Utilization Review Processes to justify proposed WCMSA amounts. Please continue to watch this site for more details in the coming months or subscribe for automatic notifications, see “Related Links” below

October 31, 2016 – Announcement regarding Current Workers’ Compensation Review Contractor Procedures and Request for Approval of Zero-Dollar Medicare Set-Aside Amounts

CMS recently received inquiries regarding procedural changes in the way that CMS’ Workers’ Compensation Review Contractor (WCRC) reviews proposed zero-dollar Workers’ Compensation Medicare Set-Aside Arrangement (WCMSA) amounts. CMS determined changes had transpired without prior notification. Effective immediately, the WCRC will utilize procedures that were previously in effect. CMS continually evaluates all policy and procedures related to WCMSA reviews and will publish any pending changes when or before they go into effect.

April 18, 2016 – The Updated WCMSA Reference Guide Version 2.5 is Now Available

The updated WCMSA Reference Guide Version 2.5 has been posted to the Workers’ Compensation Medicare Set Aside Arrangements page. Refer to Chapter 1 for a summary of Version 2.5 updates.

February 26, 2015 – Use of the Center for Disease Control (CDC) 2010 Life Tables

CMS will begin referencing the CDC’s Table 1: Life Table for the total population: United States, 2010, for WCMSA life expectancy calculations on April 1, 2015. A link to the CDC’s 2010 Life Tables may be found in the Related Links section near the bottom of the page.


The updated WCMSA Reference guide and WCMSA Self-Administration Toolkit have been posted to the WCMSA Self-Administration.

November 17, 2014 – Notice of Hydrocodone Combination Product Coverage Changes in Medicare Part D Effective for WCMSA Proposals Submitted on or after January 1, 2015

In October 2014, the U.S. Drug Enforcement Administration rescheduled all hydrocodone combination products from C-III controlled substances to C-II controlled substances. (Refer to U.S. Drug Enforcement Administration. Schedules of Controlled Substances: Rescheduling of Hydrocodone Combination Products from Schedule II to
Schedule III. Final Rule 8/22/2014.) This may result in more frequent provider visits for beneficiaries to obtain prescriptions for hydrocodone combination products as refills are now prohibited.

Normally, C-IIIIs required a new prescription after five refills or after six months, whichever occurs first. C-IIs require new prescriptions at intervals no greater than 30 days; however, a practitioner may issue up to three consecutive prescriptions in one visit authorizing the patient to receive a total of up to a 90 day supply of a C-II.

For this reason, and to ensure appropriate future funding, Medicare WCMSA guidelines will change on January 1, 2015 for all new cases submitted after that date to:

*At a minimum, allocate 4 healthcare provider visits per year when schedule II controlled substances (including hydrocodone combination products) are used continuously unless healthcare provider visits are more frequent per medical documentation.*

Please note that WCMSA cases submitted to CMS before January 1, 2015, closed due to missing, incomplete and/or inadequate supporting documentation (or any other reason), and subsequently re-opened after January 1, 2015, will also be subject to a review that includes the C-III controlled substances changes due to rescheduling by the DEA.

**September 22, 2014**

A new training document titled “Upcoming Enhancement to the Workers’ Compensation Medicare Set Aside Portal (WCMSAP) for Collection of Prescription Drug Information” has been posted to the Downloads section at the bottom of this page.

**August 19, 2014**

A new informational alert titled “Notice of Upcoming Enhancement to the Workers’ Compensation Medicare Set Aside Portal (WCMSAP) Regarding Collection of Prescription Drug Information” has been posted to the Downloads section at the bottom of this page.

**June 3, 2014 – Updated 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.

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

- 4.1.4 – Hearing on the Merits of the Case: Section added to reflect the April 22, 2003 WCMSA RO Memorandum (Question # 5).
- 9.4.4 – Medical Review – Step 8: Clarification of submission requirements for medical records and payment records.
• 10.8 – Section 40 – Payment History: Updated requirements for denied conditions.

• 9.4.6.2 – Pharmacy Guidelines and Conditions:
  ○ Removed reference to Drug Tables for physician dispensed drugs.
  ○ Consolidation of Drug Tapering and Drug Weaning sections.

• 10.5.2 – Use of WC Fee Schedule vs. Actual Charges for WCMSA: Wisconsin added to list of states with no Workers’ Compensation fee schedule.

• 10.7 – Section 35 – Medical Records:
  ○ Removed two year requirement of medical records for unrelated to work injury.
  ○ Clarified treating physician statements requirements.

• 10.8 – Section 40 – Payment History - Requirements for denied conditions.

April 10, 2014 – New WCMSA Self-Administration Page Now Available

A new WCMSA Self-Administration page has been added to the Workers Compensation Medicare Set-Aside Arrangement section of CMS.gov. The new page contains information for individuals who choose to self-administer their WCMSA accounts. Materials available on the new page include:

• New Self-Administration Toolkit for WCMSAs
• Account Expenditure for Lump Sum Account (Attestation Letter)
• Account Expenditure for Structured Annuity (Attestation Letter)
• Transaction Record Sample
• WCMSA Reference Guide

February 11, 2014 - WCMSA Re-Review Expansion

The Centers for Medicare and Medicaid Services (CMS) is seeking comments on the proposed expansion of the Workers’ Compensation Medicare Set-Aside Arrangement (WCMSA) re-review process. CMS would like to receive comments on all aspects of the proposal, including the timeframe, threshold, and reasons for granting a WCMSA re-review. To see the proposed expanded re-review process and find out how to submit your comments, go to the downloads section at the bottom of this page and click on the WCMSA Re-review Expansion link.

February 5, 2014 – Implementation of the Benefits Coordination & Recovery Center

The Centers for Medicare & Medicaid Services (CMS) has completed the restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.
COB activities for both Group Health Plans and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers’ compensation laws or plans) and Recovery activities for Non-Group Health Plans have been fully transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor to the new Benefits Coordination & Recovery Center (BCRC). Contact information for the BCRC is on the Contacts page of the COB&R Overview section.

**January 29, 2014 – Use of the Center for Disease Control (CDC) 2009 Life Tables**

CMS will begin referencing the CDC’s Table 1: Life Table for the total population: United States, 2009, for WCMSA life expectancy calculations on March 31, 2014. A link to the CDC’s 2009 Life Tables may be found in the Related Links section near the bottom of the page.