

WCMSA Top Submission Errors and Helpful Hints

Last Updated 05/20/2013

Error	Helpful Hints
<p>1. Incomplete or insufficient medical treatment records for the last two years of treatment. For example, the WCMSA proposal contains only:</p> <ul style="list-style-type: none"> • A letter from the claimant or his attorney indicating the claimant has not received treatment for the work-related injury in the past "x" years; • A letter from the carrier or its attorney indicating it has not paid for treatment for the past "x" years; • A statement from the carrier or attorney that no treatment is being provided and the claimant is receiving only medications; • A letter enclosing recent Independent Medical Evaluations, which indicate the claimant has not treated for the work injury in "x" years; • A statement from the carrier or its attorney that the claimant's last treatment date was "xx/xx/xx"; however, the file shows: 1) the claimant is moving and will receive further treatment in "x" state; 2) the claimant is currently in severe pain or is scheduled for surgery; 3) the claimant now treats with the Veterans' Administration or 4) the last medical record received is prior to the alleged last treatment date. 	<p>Always send medical records from all treating physicians for the last two years of treatment related to the work injury, even if the carrier has not paid for the treatment; even if future treatment is not allocated; and even if the treatment was long ago. Medical records for the last two years of treatment are needed, which may not be within the last two calendar years.</p> <ul style="list-style-type: none"> • Independent Medical Evaluations (IMEs) are not treatment records, nor are invoices or insurance forms. • If you believe the last two years of treatment are unrelated to the work injury, send those medical records in addition to those related to the work injury, along with any necessary explanation. • If the claimant has not been treated by a doctor for any reason within the last two calendar years, please send a statement from a treating physician indicating when the last two years of any treatment occurred, and include medical records from those last two years of treatment. A statement indicating "the claimant has not treated in the last two years" is not a substitute for medical records for the last two years of treatment. • Ensure that any "last treatment date" mentioned in the life care plan, carrier letter, or payment history is accompanied by a medical record matching that date. Include all medical records for the last two years prior to the "last treatment date."
<p>2. Exclusion of pertinent medical records or submitting too many records.</p>	<ul style="list-style-type: none"> • Include First Report of Injury and records of major surgeries. For hospitalizations, provide the History & Physical, discharge summary, and operative reports. • Be sure to include medical records for the last two years of treatment, even if the submitter is requesting that zero funds be set aside. • Please do not send voluminous medical records that exceed the last two years of the claimant's treatment (whether calendar or not).

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<p>3. Insufficient proof of medications, dosages, and frequencies for the last two years of treatment. For example, the WCMSA proposal contains only:</p> <ul style="list-style-type: none"> • A letter from the claimant or his attorney indicating the claimant is currently not taking any medications for the work injury or has not taken medications related to the work injury in the last "x" years; • A letter from the carrier or its attorney indicating that no payments were made for medications; • Information regarding the names of medications and strength/dosages, yet missing frequency information. 	<ul style="list-style-type: none"> • Please provide sufficient documentation in the form of legible, recently-dated pharmacy printouts or statements from all treating physicians specifying the medication name, strength/dosage, and frequency. • If you believe the medications the claimant is taking are not related to the work injury, please send the medication information with any necessary explanation. • If the claimant has used more than one pharmacy or has had multiple treating/prescribing physicians, ensure that all the physicians/pharmacies have been contacted and have provided medication information. • Provide physician dispense records for cases where the treating physician is dispensing medications that do not appear on the carrier pharmacy printout history.
<p>4. Carrier payments history is missing, undated, old, or incomplete. Examples include:</p> <ul style="list-style-type: none"> • A carrier payment history containing medical payments only; indemnity or expense payments only or containing no explanation; • A carrier payment history dated more than six months prior to the date the case was submitted or reopened; • A statement that there is no payment history attached because the claimant has not treated in the last two years. 	<ul style="list-style-type: none"> • Submit an all-inclusive carrier payments history (containing all medical, indemnity, and expense payments made) dated within the last six months prior to submission or re-opening. The document must show all payments made by the carrier and include payment date, payee, date of service, and payment amount for at least the last two years of treatment. A payment history must be provided, even if the submitter is requesting that zero funds be set aside. If the carrier did not make any payments under one of the categories, the payment history should show "0" payments. • If the carrier's payment history typically does not show the run date, please provide a letter from the carrier or its attorney stating the run date. • If the carrier made no payments for medical, indemnity, or expenses and did not set up settlement reserves for the claim, a letter from the carrier or its attorney explaining why there is no printable payment history is required.

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5. Total settlement amount missing, unclear, or improperly computed.	<ul style="list-style-type: none"> • Submit gross total settlement amount as a single lifetime number. If annuities are involved, use the lifetime payout amounts in the total instead of annuity purchase prices, and include the annuity rate sheet to support your calculation. Include in the total all attorney fees, proposed set-aside amounts for medical services and/or prescription drugs, settlement payments of past medical expenses/liens, amounts for non-Medicare medical expenses, settlement payment of any Medicare conditional payments, amounts of previous settlements, any third party liability settlements and amounts of any waived or forgiven liens/expenses at settlement. • References to attachments without stating a settlement number generally result in a development request. If you are unsure of the total amount, call the Workers' Compensation Review Contractor (WCRC) at 855-280-3550 for assistance in computing the number.
6. No response or insufficient response to development requests.	<ul style="list-style-type: none"> • Make sure each item on the CMS request letter is addressed timely, especially the items printed in ALL CAPS. Specific reply language may be necessary. • Do not resubmit documents submitted previously unless you have confirmed they were not received. If you are unsure of what is needed, call the WCRC to see if what you are sending will be sufficient.
7. Proposed set-aside amount not clearly divided between medical services and prescription drug costs.	<ul style="list-style-type: none"> • The submitter must give a proposed lifetime (not annual) set-aside amount and should show clearly how much of the total figure is for medical services and how much is for prescription drugs. The WCMSA Reference Guide, Appendix 5 (Sample Submission) provides a helpful format. • Confirm that the proposed amounts for medical services plus prescription drugs add up to the total proposed amount. • Verify that any pricing charts are consistent with the amounts shown in your cover letter. • Confirm that the proposed amount is consistent with the court documents or that any differences are explained. • If an annuity is involved, use lifetime payout amounts instead of annuity purchase prices and include amount of proposed seed money/initial deposit.

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<p>8. Submission of unnecessary, unrelated, or duplicate documents. Examples include:</p> <ul style="list-style-type: none"> • Copies of CMS development letters and other letters; • Correspondence between the claimant's medical provider and the attorney showing the effort expended to obtain documents; • Invoices or subpoenas for medical records; • Notices concerning medical appointments; • Medical records of monthly visits during each of the last 15 years; • Additional copies of documents previously determined insufficient; • Court scheduling orders. 	<ul style="list-style-type: none"> • Provide the items noted in the WCMSA Reference Guide, Appendix 5 (Sample Submission). You may send in whatever you believe is necessary and helpful and it will be reviewed; however, in most cases, the only medical records needed are the initial report of injury, records related to major surgeries, and medical records for the last two years of treatment for the work injury. • If you are planning to send in over 200 pages of information or more than two years of medical records, you may call the WCRC to discuss whether this is needed. • Do not resubmit previously submitted documents unless you have confirmed they were not received. If you are unsure what is needed, call the WCRC to discuss.
<p>9. Incorrect references for a state that does not have a fee schedule.</p>	<p>Please be aware that the following states do not have a fee schedule: Indiana, Iowa, Missouri, New Hampshire, New Jersey, and Virginia.</p>
<p>10. No rated age statement submitted confirming that all rated ages obtained on the claimant have been included.</p>	<p>Submit a rated age confirmation with the original proposal documents. Please be aware that CMS will not accept any variation or substitute wording for the rated age confirmation and it must be provided on the letterhead of a life insurance company or settlement broker (see CMS' June 8, 2010 procedure memorandum).</p>
<p>11. Incorrect pricing of drugs, e.g., quoting or using prices associated with re-packagers, expected tapering, etc.</p>	<p>Please review Sections 9.4.6.1 & 9.4.6.2 of the WCMSA Reference Guide for information on prescription drug pricing.</p>
<p>12. Multiple dates of injury, multiple body parts, body parts remaining open for medicals.</p>	<p>Please be sure to specify each date of injury being settled, all body parts/conditions associated with each date of injury, including body parts that are accepted or denied by the carrier, and whether any of the body parts/conditions are left open for medicals by the carrier.</p> <ul style="list-style-type: none"> • We need a pay record for each date of injury or documentation that the payment record provided includes/reflects each date of injury. • We need two years of medical records that reflect treatment for each body part being settled, dated within six months of the date of submission or reopen date. • We need prescription records that reflect all prescription medication for each industrial condition, including dose and frequency.