

A.I.R. MAIL

Quarterly Newsletter

MESSAGE FROM THE PRESIDENT

Summer is finally here! That means baseball is in full swing, the world cup is upon us, school is out and a lot of us are TRYING to improve our golf game. AIR is always trying to improve its "game". Our MSA product continues to be hot as does our bilingual case management services. Those of you that have given us an opportunity "THANK YOU"! and those of you who haven't, give us a try. You have nothing to lose.

Happy and safe summer to all!!

Sincerely,



David J. Miller
President/CEO

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New Team Members

2010 STAFF ADDITIONS:

Tiffany Callis, RN
Minerva Anderson, RN
Shelley Blackhurst, RN
Hilda Rios

Bilingual Medical Case Manager – Virginia
Bilingual Medical Case Manager – Virginia, D.C. & Maryland
Medical Case Manager – Pittsburgh, PA
Bilingual Vocational Counselor – Maryland

How is a MSA Allocation different from a Life Care Plan?

The MSA Allocation, unlike a Life Care Plan, is not prepared for litigation. The goal of a Life Care Plan which is a legal document, is to project maximum justifiable expenses for any and all items and services to which they may be entitled. An MSA Allocation, if prepared under the same criteria, would result in a significant over projection or funding. Over funding a MSA Allocation benefits no one but CMS! Also, it goes beyond the request that Medicare's interests be reasonably considered. The MSA Allocation is intended to project what is reasonable and necessary and can justify services at the lowest justifiable expense.

What does CMS need to process an MSA Allocation?

CMS requires certain information in order to process a MSA Allocation, therefore the MSA Allocation should include: life expectancy, past treatment history, future treatment that is needed, recommendations of the claimant's treating physician(s), prognosis for recovery or whether the claimant is at MMI, a cost projection for each anticipated item or service and a MSA Allocation amount.

What is Section 111 of the Medicare and Medicaid SCHIP Extension Act of 2007 (MMSEA)?

Section 111 requires responsible reporting entities (RRE's), including WC, no-fault and liability, to report certain information to CMS whenever they determine one of their claimants is Medicare eligible. CMS does not want to look at all claims, only if it is determined that the claimant is a Medicare recipient, or Medicare eligible. Recently CMS extended the dead line for live reporting until January 1, 2011. Section 111 does not specifically require the use of MSAs in liability or no-fault settlements. However it is highly unlikely that CMS would not be beginning this colossal information gathering unless it planned to put that information to use. Practicing allocators know that that type of information that is being required is precisely the type of information required to be outlined in a workers' compensation MSA Allocation. Therefore CMS most likely has plans to implement procedures for submission of MSAs involving liability settlements. It is to be noted that several CMS Regional Offices have been reviewing liability MSAs on a discretionary basis. At the very least, the MMSEA will improve CMS' procedure to enforce the Medicare Secondary Payer statute.

How does an Independent Medical Evaluation impact an MSA?

While an independent medical evaluation (IME) can have significant impact on the outcome of a claim, CMS places emphasis on the treating physician's recommendations. While the outcome of an Independent Medical Evaluation may have significant impact on the disposition of the claim, CMS does not put the same weight on an IME as does the various states of jurisdiction.

Contest!!!

Every issue of A.I. R. Mail will feature a trivia question. The answer to the question can be found in the content of the newsletter. Be the first individual to answer the question correctly on our web site and win a gift card!

Congratulations to our last trivia winner: Gary Conner

AIR Workers' Compensation Spring Workshop

AIR would like to thank everyone who attended the Workers' Compensation Spring Workshop co-hosted with the Chartwell Law Offices held on May 21, 2010 in Camp Hill, PA

Among the attendees were representatives from: Cincinnati Insurance Co., Sedgwick CMS, Nationwide Insurance Co. and Erie Insurance in addition to many other insurance companies, TPA's and employers. We appreciate your participation and help in making our workshop a success! Many informative topics were covered including case law updates, new regulations on Mediation, early intervention in Medical Case Management and Medicare Set Asides.

We look forward to seeing all of you at our next Spring Workshop in 2011!

Trivia Question:

For MSA purposes, CMS places the greatest emphasis on which one: the treating physician's recommendations or the IME outcome?

Go to <http://www.associnrehab.com> to submit your answer!!