Development Letter

‹‹Date››

‹‹Submitter Name››
‹‹Address››
‹‹City, State, ZIP››

RE: Workers' Compensation Medicare Set-Aside Arrangement for:

‹‹Claimant››
‹‹Medicare ID or SSN››
‹‹Date of Injury››
‹‹CMS Case Control Number››

Dear Sir or Madam,

The Centers for Medicare & Medicaid Services (CMS) has received your request to review a proposed Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) amount for the above-named claimant. Please note that the items indicated on the enclosure are missing from the above-referenced case and we cannot complete a review of the proposed WCMSA amount without this information. The requested information must include the CMS Case Control Number listed above and should be submitted according to the information provided on the enclosure no later than ‹‹# of days›› from the date of this letter.

Failure to provide the information requested may result in Medicare denying payment for future medical and prescription drug expenses related to the workers' compensation claim up to the total amount of the settlement.

Once all requested information is received, CMS will complete its review of the proposed WCMSA amount.

Centers for Medicare & Medicaid Services (CMS)
Workers' Compensation (WC)
Medicare Set-Aside Proposal
Requirements Checklist

‹‹Date››
‹‹Claimant››
‹‹Case Number››

Please submit only the item(s) indicated below no later than ‹‹# of days›› from the date on this document. Please include the CMS Case Control Number listed at the top of this letter in any correspondence. Submit the requested documents via the Portal if your original submission was via the Portal. If you originally submitted outside of the Portal, submit the requested documents to the following address:

WCMSA Proposal/Final Settlement
PO Box 138899
Oklahoma City, OK 73113-8899

If the requested documents total 10 pages or less, you may also fax them to (833) 844-1428. **Note:** This number is not for initial submissions, only for additional documentation under 10 pages.

For more details on any of the below requests, see the WCMSA Reference Guide, available through https://go.cms.gov/wcmsa on the CMS website.

If you have further questions, please contact the Workers' Compensation Review Contractor (WCRC) at (833) 295-3773.

A cover letter must include the following information for all WCMSA proposals:

- **Claimant's Name**
- **Claimant's Date of Birth**
- **Claimant's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier)** or **Social Security Number (SSN)** if claimant is not yet entitled to Medicare
- **Claimant's Address and Phone Number** – The address is used primarily for (1) mailing copies of CMS correspondence and (2) for information purposes when the claimant is also the administrator of the WCMSA account.
- **Claimant's Release** – Claimant's signed authorization for CMS, its agents, and contractors to discuss his or her case and medical condition with parties to a WC settlement that includes a Medicare Set-Aside arrangement (sample format attached).
- **Claimant's Counsel** – Name, address, and telephone number
- **Entitlement Information** – Indicate if the claimant is currently enrolled in Part A and Part B of Medicare or in Part A only.

When the claimant is not currently enrolled in Medicare Part A or Part B, indicate if any of the following situations apply to the claimant, or if another situation will result in the claimant being enrolled in Medicare within 30 months of the date of settlement:

___Individual has applied for Social Security Disability Benefits (SSDB)