



Making Amended Review Work for You

We'll help you benefit from Amended Review

With the Centers for Medicare and Medicaid Services (CMS) adoption of a new re-review option in 2017 called "Amended Review," parties can finally request an updated CMS decision based on new medical treatment records. This provides some flexibility to correct or realign the Workers' Compensation Medicare Set-Aside (WCMSA) decision with a claimant's current treatment. This new option will allow parties to revisit and reduce qualified older claims that were unable to settle because of high or unrealistic WCMSA decisions.

A file will qualify for Amended Review if all these criteria are met:

- CMS will permit a one-time request for Amended review.
- CMS has issued a conditional approval/approved amount at least 12, but no more than 72 months prior.
- The case has not yet settled as of the date of the request for re-review.
- The current treatment has reduced or increased by at least 10% or \$10,000 change (whichever is greater) in CMS' previously approved amount.¹

The clock is ticking

Eligibility for an amended review request is contingent upon CMS having issued a conditional approval/approved amount at least 12 but no more than 72 months prior to the request. Don't miss this opportunity! As cases age, they'll be disqualified from this new re-review option

Triggers for re-review include:

- WCMSAs with surgeries or treatments already provided to the claimant
- claims involving costly medications that have been discontinued or are no longer recommended
- claims with recommendations for spinal cord stimulators, intrathecal pumps, or costly durable medical equipment
- claims in which the cost to adjust the file has significantly decreased

Even if the file is not currently eligible for an Amended Review (based on CMS decision date or threshold) there may be steps that can be taken to make it eligible in the future.

\$12million savings in re-review between 2017 and 2019.

You've got one shot—make it count

CMS limits the number of Amended Review requests to one per file; therefore, it's critical to make sure you have the knowledge and insights to get it right the first time. Our experienced advocates will help you by demystifying all the nuances of CMS' process, policy, and allocation methods—and by applying this knowledge to maximize opportunities for savings. ISO Claims Partners' legal and medical experts are dedicated to providing you with a comprehensive analysis using skillfully tailored strategies to achieve optimal results.

MSA Second Look can help you use Amended Review for better results and significant cost savings

The MSA Second Look provides:



- a full review and analysis of all medical records dated after the original WCMSA submission
- an in-depth comparison between the current medical treatment and the WMCSA determination
- an analysis of whether the claim will be ideally qualified for an "Amended Review"
- a road map for additional proactive intervention to reduce costs

ISO Claims Partners' expertise ensures you'll maximize your one shot at Amended Review to gain the most savings and best results for every eligible claim.

1. Workers' Compensation Medicare Set-Aside (WCMSA) Reference Guide (Version 3.0, October 10, 2019)

Get your complimentary consultation

To learn more about MSA Second Look, please contact:

-  ISO Claims Partners
-  1-866-630-2772
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-  verisk.com/isoclaimspartners



ISO Claims Partners is uniquely positioned to help you achieve compliance and cost savings with our legal, medical, and technology expertise.

INSIGHTS

- Data from more than 1 billion industrywide claims
- The largest number of successful Medicare submissions in the industry
- Market-leading predictive analytics tools supporting enhanced triaging and resolution
- Industry-leading OCR and text-mining capabilities

ADVOCACY

- The industry's largest and most experienced team of legal and medical MSP compliance experts
- Customized, flexible solutions based on your risk management strategy
- On-site file consultation and pickup

RESULTS

- Improved claims outcomes and loss ratios
- Expedited settlements
- Mitigated risk and settlement consistency

