

Making Amended Review Work for you



Insurance Automation

From Policy through Claim

- AI, machine learning, and predictive analytics increases speed and precision
- 19 petabytes of data across proprietary databases yields greater accuracy
- Ecosystem of integrated solutions improves customer experience – yours and theirs
- 5,000+ industry experts provides lift across the value chain
- 50+ years safeguarding insurers' data earns confidence

We'll help you benefit from Amended Review

With the Centers for Medicare and Medicaid Services (CMS) adoption of a 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 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 months prior;
- The case has not yet settled as of the date of the request for re-review and;
- Projected care has changed at least 10% or \$10,000 (whichever is greater from the CMS' previously approved amount)¹

Identifying claims for the Amended Review Process

Don't let old WCMSA approvals get in the way of settlement. Having a process to quickly identify when a claim is appropriate for Amended Review can be the key to successful claim closure.

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.

Over \$44+ million

savings in re-review between 2017 and 2022.

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. Our 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

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

Reference

¹CMS's WCMSA Reference Guide (Version 3.9, May 15, 2023)



Get your complimentary consultation

To learn more about MSA Second Look, please [click here](#) or contact:

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