

medicare set-aside (MSA)

set-asides settled right

Medical cost analysis and containment is not one-size-fits-all. That's why we apply the ANS Solutions No Fee Assurance (NFA) to every Medicare Set-Aside (MSA) referral we receive. By looking at each case individually, we can provide the maximum benefit—and an MSA program unlike any other.

We go the extra mile so you don't have to

We start every MSA referral with a risk-free assessment that allows us to immediately identify barriers to settlement, then develop the right strategies to overcome them.

This approach helps determine opportunities to mitigate pharmaceutical costs that would otherwise drive up costs and negatively impact the MSA. At the same time, it prevents the development of unnecessary reports—saving our clients both time and money without compromising the injured worker's quality of care in the process.

Taking the time to ensure accuracy and adherence to CMS guidelines upfront allows us to provide substantial savings, timely case resolution, and more outcomes that benefit everyone.



Start with NFA triage

Once the assessment is complete, you'll be prepared to make more informed decisions about the best path forward.

Identify excessive pharmacy costs

If high dollar exposures are artificially inflating the MSA costs, ANS will recommend treatment modifications through our three-phase pharmacy intervention program.

Develop MSA

If the exposure is appropriate, we put our experience, expertise, and best-in-class technology to work to develop the MSA and help position the case for settlement.

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To complete an MSA, you will need the following:

- Medical records reflective of the most current 24 months of treatment
- IME/QME/AME which may be used to identify and explain gaps in treatment
- Claims payment history reflective of indemnity and medical over the most recent 24 months
- Pharmacy (PBM) summary reflective of all medications filled relative to the file over the most recent six to 24 months (will include name of medication, dose, frequency, and refill history)
- For denied/excluded conditions, provide supporting documentation including letters of denial, signed judgements, or board decisions

Before submitting to CMS for review, you will need the following records/ information:

- Consent signed by the injured worker (see last page of MSA report)
- MSA less than six months old (revision necessary if more than six months old)
- Claims payment history (as described above, not older than six months old)
- Rx summary (as described above, not older than six months old)
- Actual or proposed settlement documents or a statement on company letterhead advising neither exist
- Whether the MSA will be funded with a lump sum or an annuity
- Whether the MSA funds will be administered by the claimant or by professional administration. If a professional administrator will be utilized, please provide name and contact information for individual/company.

MSA services:

- ▶ Workers' compensation pre-MSA mitigation
- ▶ Workers' compensation and liability Medicare Set-Asides
- ▶ CMS submission, re-review, and/or amended review
- ▶ Conditional payment/ lien resolution