

Top Ten WCMSA Submitter Errors and Helpful Hints to Avoid Them (August 2009)

Error	Helpful Hints
1. No medical records for the last two years of treatment	Submit medical records from all treating physicians for the last two years of treatment. Statements that the claimant has not treated in the last two years are not sufficient. If the claimant has not treated in the last two years, then get the records for the last two years of treatment and submit a carrier claims payment history or carrier letter proving the last treatment date. If you are unsure, call the Workers' Compensation Review Contractor (WCRC) to see if what you are sending will be sufficient.
2. Claims payment history missing or undated	Submit complete current claims payment history from the carrier (one dated within six months from date of submission) showing itemized medical and indemnity payments with providers, amounts, and dates of service. If system does not generate a date on the history, include a letter from the carrier stating the run date. The goal is to be able to document each service during the last two years of treatment. If the claims payment history does not do that, obtain a letter from the carrier that does.
3. Response to development requests incomplete	Make sure each item on the CMS request letter is addressed timely, especially the items printed in ALL CAPS. Specific reply language may be necessary. Do not resubmit prior documents unless you have confirmed that they were not received. If you are unsure what is needed, call the Workers' Compensation Review Contractor (WCRC) to see if what you are sending will be sufficient. Insufficient replies received after the case has closed are generally not acknowledged due to resource limitations. Call the WCRC 2-3 weeks after sending to make sure your document was received and is sufficient.
4. Calculation method stated as fee schedule when state does not have a fee schedule	The following states do not have a fee schedule: Delaware, Indiana, Iowa, Missouri, New Hampshire, New Jersey, Virginia, and Wisconsin.
5. Calculation method not stated for the medical set-aside	Submit method used for calculating proposed medical services set-aside amount (workers' compensation fee schedule or actual charges). Calculation method refers to the method the claimant will use to pay for medical services after the settlement.

<p>6. Total settlement amount missing or unclear</p>	<p>Submit gross total settlement amount as a single lifetime number. If annuities are involved, use the lifetime payout amounts in the total instead of annuity purchase prices and include the annuity rate sheet to support your calculation. Include in the total all attorney fees, proposed set-aside amounts for medical services and/or prescription drugs, settlement payments of past medical expenses/liens, settlement payment of any Medicare conditional payments, amounts of previous settlements, any third party liability settlements, and amounts of any waived or forgiven liens/expenses. References to attachments without stating a number generally result in a development request. If you are unsure, call the Workers' Compensation Review Contractor (WCRC) for assistance in computing the number.</p>
<p>7. No rated age statement from submitter confirming that all rated ages obtained on the claimant have been included</p>	<p>Submit rated age confirmation with original proposal documents stating, "All rated ages obtained on the claimant have been included." Language limiting rated ages to all those obtained for the set-side case, all those used for calculation of the set-aside, all those obtained by the submitter, all those received by the submitter, all those used to prepare the set-aside, all those obtained by a settlement broker, all those obtained on this claim, etc. will not be accepted.</p>
<p>8. Payout amount not used in annuity situations</p>	<p>In computing the total settlement amount, the total proposed set aside amount, the proposed medical services set-aside amount, and the proposed prescription drug set-aside amount, always use the payout amount for annuities rather than any cost amount. If you need to show cost amounts because of carrier or court requirements, show both amounts clearly marked as such. For example, "Total settlement amount using annuity cost" and "Total settlement amount" using annuity payout.</p>
<p>9. Proposed medical set-aside amount is missing, unclear, or inconsistent with other information</p>	<p>The submitter must give a proposed lifetime (not annual) medical services amount in order for the case to be processed. Make sure the medical services proposed amount plus the prescription drug proposed amount adds up to the total proposed amount. Also make sure that any pricing charts are consistent with the amounts shown in the cover letter. If annuities are involved, use lifetime payout amounts instead of annuity purchase prices and include amount of proposed seed money/initial deposit. Note, if a court-approved settlement agreement has a proposed medical services or total set-aside figure in it, that figure must generally be used as the proposed amount.</p>
<p>10. Proposed prescription drug set-aside amount is missing, unclear, or inconsistent with other information</p>	<p>The submitter must give a proposed lifetime (not annual) prescription drug amount in order for the case to be processed. Make sure the medical services proposed amount plus the prescription drug proposed amount adds up to the total proposed amount. Also make sure that any pricing charts are consistent with the amounts shown in the cover letter. If annuities are involved, use lifetime payout amounts instead of annuity purchase prices and include amount of proposed seed money/initial deposit. Note, if a court-approved settlement agreement has a proposed prescription drug or total set-aside figure in it, that figure must generally be used as the proposed amount.</p>