

ADMINISTERING YOUR WORKER'S COMPENSATION MEDICARE SET- ASIDE ARRANGEMENT (WCMSA)

You have chosen to personally administer the WCMSA account established as part of a Worker's Compensation settlement. It is important that you understand The Centers for Medicare and Medicaid Services' (CMS) policies regarding WCMSA's.

A Medicare Set-Aside allocates the amount of settlement dollars to be set aside at the time of settlement for future injury related medical costs that would otherwise be covered by Medicare. Medicare regulations found in Title 42 of the Code of Federal Regulations §411.46, state that Medicare will not pay for services related to this work-related injury until the WCMSA funds have been exhausted. WCMSA funds must be used to pay for all Medicare-covered services and supplies related to the work injury. A CMS lead Medicare contractor will monitor your expenditures from the WCMSA account upon receipt of the annual self-attestation letter that you are required to submit. Once the lead contractor has confirmed that the WCMSA funds have been exhausted appropriately, Medicare will begin paying for covered-services related to the work-related injury.

Instructions for establishing and administering a WCMSA account are listed below. If you have any questions regarding these requirements, please contact the CMS lead Medicare contractor at the following address:

MSPRC
P.O. Box 33828
Detroit, Michigan 48232-5849
Attention: MSP-Medicare Set Aside Reconciliation

Establishing and Using your Medicare Set-Aside Account

WCMSA funds must be placed in an interest-bearing account, separate from your personal savings or checking account.

WCMSA funds may only be used to pay for medical services related to your work injury that would normally be paid by Medicare. Examples of some items that Medicare does not pay for are: prescription drugs, acupuncture, routine dental care, eyeglasses or hearing aids and therefore, these items can not be paid from the WCMSA account. You can obtain a copy of the booklet "Medicare & You" from your Social Security office for a list of services not covered by Medicare. If you have a question regarding Medicare's coverage of a specific item or service, call 1-800-MEDICARE (1-800-633-4227) or visit the www.medicare.gov website. If Medicare does cover the item or service and it is related to your work injury, you may pay for it from your WCMSA account.

Please note: If payments from the WCMSA account are used to pay for services that are not covered by Medicare, Medicare will not pay injury related claims until these funds are restored to the WCMSA account and then properly exhausted.

Record Keeping

As Administrator of the account, you will be responsible for keeping accurate records of payments made from the account. These records may be requested by CMS' lead Medicare contractor as proof of appropriate payments from the WCMSA account.

Photocopy charges, mailing fees/postage, and any banking fees related to the account may be paid for out of the WCMSA.

Annually, you must sign and forward a copy of the attached form providing self-attestation that payment from the WCMSA account was made appropriately for work-related injuries that would otherwise be reimbursable by Medicare. The annual accounting shall be submitted no later than 30 days after the end of each year (beginning with one year from the establishment of the WCMSA account). Annual self-attestation should continue through depletion of the WCMSA account to the CMS lead Medicare contractor listed on the first page of this instruction.

Self Attestation Form

I, Name of Claimant have read and understand the above-listed terms and conditions. I agree to abide by these terms and conditions in order to protect my ability to obtain Medicare coverage for my work-related injury medical expenses once the Workers' Compensation Medicare Set-aside Arrangement (WCMSA) account is depleted. I understand that if I fail to abide by the above listed terms and conditions, I may not be eligible for Medicare coverage for my work-related injury medical expenses.

Claimant

I, Attorney name for claimantfor Name of Claimant, have reviewed the above agreement with the Claimant and have explained it, in detail. I believe that Ms. Storm fully understands the complete contents of the document and the duties he or she is undertaking to administer the WCMSA.

By signing below, I acknowledge that I have read and understand the CMS policies regarding Medicare Set Aside self-administration.

Claimant signature

Printed Claimant Name

Date

Witness signature

Printed Witness Name

Date