



Break Free of Typical Medicare Set Asides

When it comes to prescriptions and medical services, buying it for life doesn't make sense—yet that's exactly what CMS regulations recommend. But there's a better way to structure an MSA.

FS Claim Solutions' Evidence Based Medicare Set Aside (EBMSA) provides increased settlement opportunities through eliminating unnecessary Medicare costs on prescription drugs and medical items and services. We use nationally accepted clinical guidelines such as ACOEM and ODG to accurately project future medical care for Medicare-covered expenses. In short: we get you a reasonable MSA allocation based on recognized guidelines to help you settle claims more quickly.

We build our EBMSAs to satisfy the Medicare Secondary Payer Act compliance obligations of both parties. Plus, our EBMSAs don't require CMS approval and are covered by FS Claim Solutions' insurance against claims that the EBMSA does not adequately protect Medicare's interest.

Benefits of an EBMSA:

- **Speed.** Prepared and delivered in 15 business days or less once documentation is received.
- **Security.** Avoid improper payments and CMS claims with our professional administration.
- **Savings.** Clinical guidelines more accurately project future care needs leading to a lower allocation.
- **Protection.** Defends or prosecutes administrative appeals from CMS claiming EBMSA to be inadequate.

Snapshot: Our EBMSA Savings in Action

Take a look at the below sample cases where our Evidence Based Medicare Set Aside generated tremendous savings over a CMS-approved Workers' Compensation Medicare Set Aside.

Sample Case 1			
CMS - Approved WCMSA		Evidence Based MSA	
Medicare Part A & B Cost	\$18,105.02	Medicare Part A & B Cost	\$13,616.60
Medicare Part D Cost	\$198,752.40	Medicare Part D Cost	\$89,208.00
Total Cost	\$216,857.42	Total Cost	\$102,824.60
		Savings of \$114,032.82	Reduced 53%

Case Details:

- Eliminated Carisoprodol from treatment plan due to its intended use only for acute usage. Additionally, Carisoprodol was a duplication in therapy due to claimant's existing Baclofen use.
- Eliminated OxyContin pursuant to weaning schedule undertaken by claimant. Additionally, OxyContin was a duplication in therapy due to claimant's existing usage of short acting pain reliever.

Sample Case 2			
CMS - Approved WCMSA		Evidence Based MSA	
Medicare Part A & B Cost	\$28,393.12	Medicare Part A & B Cost	\$19,050.15
Medicare Part D Cost	\$200,397.60	Medicare Part D Cost	\$146,671.20
Total Cost	\$228,790.72	Total Cost	\$165,721.35
		Savings of \$63,069.37	Reduced 28%

Case Details:

- Cyclobenzaprine removed from projections based on the Official Disability Guidelines (ODG). The ODG does not recommend the use skeletal muscle relaxants for chronic back pain or for longer than 2-3 weeks.
- Contraindicated medications were eliminated. Removal of Ibuprofen alone reduced costs by \$1965.

Do you have a specific question about a claim? Contact FS Claim Solutions and let us help you decide the right way to get a settlement.