

CMS Referral Request

CMS Review Thresholds

A workers' compensation settlement *may* qualify for referral to The Centers for Medicare & Medicaid Services (CMS) under the following review threshold criteria. Note that at present there are no published liability settlement review thresholds.

1. A referral to CMS is indicated if the Claimant is a *current* Medicare beneficiary *and* the "total settlement amount" is equal to or greater than \$25,000.

Total settlement amount includes attorney fees, indemnity payments for lost time, disfigurement, permanent partial impairments, mileage, past medical services and prescription drug expense reimbursement or payment, future Medicare covered *and* non Medicare covered medical services and prescription drug expenses, and any Medicare conditional payments or group health liens to be satisfied from the settlement proceeds. Any previously settled portion of the claim must be included in computing the total settlement amount. The annuity lifetime or guaranteed payout totals over the entire term of any annuity contract which is used to fund the settlement, whether indemnity and/or medical, rather than the cost or present cash value of the annuity is used to calculate the value of the annuity for total settlement amount purposes.

Claimants are generally eligible to receive Medicare benefits if, they are sixty-five (65) years of age, or if they have been receiving Social Security Disability benefits for at least twenty-four (24) months. Individuals found eligible for SSDIB benefits due to end stage renal disease or Lou Gehrig's disease (ALS) will qualify for Medicare earlier than 24 months.

OR

2. A referral to CMS is indicated if the Claimant is *not* a current Medicare beneficiary but there is a "reasonable expectation" that the Claimant will be Medicare entitled within thirty (30) months of the date of the settlement *and* the total settlement amount exceeds \$250,000.00.

A Claimant can "reasonably" expect to become a Medicare beneficiary within thirty (30) months, if at the time of settlement: (a) is at least 62 ½ years of age; (b) has applied for or has received SSDIB benefits; (c) has been denied SSDIB benefits but anticipates appealing the decision, or (d) has end stage renal disease or Lou Gehrig's (ALS) disease

Fee Schedule

The fee to refer a settlement for CMS approval is a flat \$1,000 which includes making the referral, following-up with periodic status inquires and obtaining CMS approval. CMS may reply to the CMS referral with a “counter” proposal. While there is no direct right of appeal to a counter proposal received from CMS the counter proposal may be “challenged”. This usually involves providing CMS with counter medical evidence or other evidence supportive of the original proposed Medicare Set-aside figure. Fees may be higher should a “challenge” be filed to a counter CMS proposal. Before any additional fees are incurred my office will discuss in advance what is required. These additional fees are billed at the hourly rate of \$395.00 over the initial fee.

All fees are the responsibility of the submitting party and are not contingent upon any contractual relationship between the submitting party and client or upon the ultimate settlement or approval of settlement. All fees are due and payable in advance. Interest of 1.5% per month is charged for all outstanding invoices.

Additional Services

My office can provide additional services including (1) Medicare Set-aside analysis, (2) Medicare Conditional Payment Investigation and Reconciliation and (3) Settlement Document Preparation including Social Security offset, Informed Consent as to Medicare Set-aside/Medical Costs and Consequences of Your Settlement forms. To learn more about these services please visit my web site at www.sevarino.lawoffice.com.

The submitting attorney or party warrants to Angelo Paul Sevarino, Esq. that s/he has explained to his or her client that (a) no attorney-client relationship is being established between their client and Angelo Paul Sevarino, Esq., and (b) their client consents to Angelo Paul Sevarino, Esq. reviewing the submitted documents and communicating with the Social Security Administration or The Centers for Medicare & Medicaid Services as may be required. Further, the Submitting attorney or party warrants to Angelo Paul Sevarino, Esq. the accuracy of all the information contained herein.

The signature of the Client or authorized representative below is required before the referral to CMS may be made, as well as, the completion of the CMS Request Worksheet and two (2) attached authorizations.

Client

Submitting Attorney/Party

Date:_____

Date:_____

CMS Referral Request Worksheet

1. General Information:

Case Type: Workers' compensation Liability

State of Jurisdiction: Connecticut Other: _____

Date of Injury/Illness: Note, if more than one date of injury or illness provide specific details as to nature of injury/illness, who the responsible insurance carrier(s)/employer/defendants are and how the settlement proceeds are allocated to each injury or illness.

Body Part(s)/System(s):

Claimant Name:

Address:
SSN/HICN:
Telephone:
Date of Birth:

If Spouse/Dependents are payees under the settlement please provide specifics.

Claimant's Attorney:

Address:
Telephone :

Employer/Defendant:

Address:
Telephone:

Insurer:

Address:
Telephone:
Claim Number:

Employer/Insurer's Attorney:

Address:
Telephone:

2. Settlement

Total Settlement Amount:

If not yet known provide best estimate.

Proposed Settlement Date:

Indemnity Settlement Type: lump sum

structured. Please provide quotation summary. Please indicate if you need assistance in obtaining structured settlement quotations.

Medical Settlement Type: lump sum

structured. Please provide quotation summary. Please indicate if you need assistance in obtaining structured settlement quotations.

3. Medicare Entitlement Date:

A. If the Claimant *is* on Medicare indicate the month and year for each coverage part (Parts A, B, C or D). Dates may differ per coverage part. If not known check here . Please provide a copy of the Medicare card(s).

B. If Claimant *is not* yet Medicare entitled indicate:

do not know status

Please complete the SSA Request For Information authorization found below and submit to the local Social Security Office. Should you wish my office to obtain this information please return the signed authorization along with a fee of \$150.00.

has applied for SSDIB

has applied been denied SSDIB but anticipates an appeal

appealed and/or re-filed for SSDIB

is 62½ years old

end stage renal disease but does not yet qualify for Medicare based on ESRD

Lou Gerig's disease (ALS)

4. Medicare Set-aside:

A Medicare Set-aside analysis is necessary as part of the submission to CMS if future medical services or prescription drug therapy charges are part of the settlement. Indicate:

A Medicare Set-aside has been completed within the last 4 months and is attached.

I am requesting a Medicare Set-aside be completed. Please download and submit the MSA Request from <http://sevarino.lawoffice.com>

5. MSA Administration:

Self-administered

Professional administered by: _____

6. Medicare Conditional Payments:

If your client is on Medicare at the time of the settlement a Medicare conditional payment search and reconciliation must be undertaken.

A Medicare Conditional Payment search has already been done and is not being requested as part of this service. Please indicate amount of Medicare conditional payments to be repaid: \$_____.

I am requesting a Medicare Conditional Payment investigation and/or reconciliation be completed. Please download and submit the MSPRC Request from <http://sevarino.lawoffice.com>.

7. Settlement Document Preparation:

I will prepare my own settlement documents.

Settlement document preparation including Social Security offset language, Informed Consent as to Medical Costs and Notice of Consequences of Your Settlement forms are requested. Please download and submit the Settlement Offset Request from <http://sevarino.lawoffice.com>.

