

# HUMMEL CONSULTATION SERVICES

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## Zero-Dollar CMS Proposal (Workers' Compensation) Materials Checklist

All of the following are required per CMS guidelines for a Zero-Dollar Medicare Set-Aside proposal:

**Medicare Release:** To be signed and completed by the claimant. Please instruct them to check the "ongoing" box. A copy of the release is attached.

**Claimant's Information:** Name, address and phone number.

**Claimant's Attorney Information:** Name, address, phone and facsimile numbers, and email address.

**Employer Information:** Name, address and phone number. Include a personal contact if available.

**Workers' Compensation Carrier Information:** Insurer name, address, name of the primary case manager, phone number, fax number, email address, and insurer claim number.

**No Indemnity or Medical Payment Letter:** Letter from the Workers' Compensation insurance carrier on their letterhead stating no indemnity or medical payments have been paid on the claim. The letter must clearly state "No medical payments and no indemnity payments have been made." Further the letter must contain a clear statement that all body parts/injuries have been denied by the Workers' Compensation insurance carrier (each body part; injury; illness should be specifically listed with a "denied" statement). A statement of only "No benefits paid" is not acceptable by CMS.

**Settlement Amount:** If settlement has not been reached, then either the most current amount offered by either party or an estimate of the likely settlement amount.

**Copy of the Settlement Agreement:** Drafts are acceptable. If none is available, then a letter on the carrier's letterhead, signed and dated by an appropriate representative of the carrier, confirming that no draft or final settlement documents exist.

**Copy of the Pleadings:** All pleadings filed must be included. If none are available, then a letter from both the carrier and the claimant's counsel, each on their respective letterheads, signed and dated, confirming that no pleadings exist.

**Copy of the Court Rulings:** If court rulings exist, then all court rulings must be provided. If no court rulings exist, then a letter from the carrier, on letterhead, signed and dated, confirming that no court rulings exist.

**No Future Treatment Statement (or medical report) from Physician:** Unless a court ruling or order exists discussing compensability of the claim(s); CMS requires two years of treatment records (regardless of age) which demonstrate/indicate that no further treatment for the alleged industrial injury (or injuries; multiple body parts) is required. If the injured worker is still treating for the body parts, injuries, or diagnosis at issue, the treating physician's statement must indicate that the medical need or causation for any on-going treatment is not the alleged work accident. NOTE: This statement must be provided by the patient's treating physician, on the physician's letterhead, the statement must be dated, the statement must reference all body parts or diagnosis involved in the case, and the statement must be physically signed by

the physician. The statement cannot be provided by an IME physician or second-opinion physician. (NOTE: As of November 1, 2016 this requirement has been temporarily suspended by CMS and is not required at this time. HCS will remove this note when CMS announces this new data requirement is in effect for all waiver submissions).

**Medical, Expense, and Indemnity Payment History:** The following payment history data must be provided:

1. A full and complete payment history for the entire history of the claim
2. Payment history data must include all Indemnity payments: TTD and PPD if any
3. Payment history data must include all medical payments if any
4. Payment history data must include all expenses payments
5. Payment history data must include subtotals for all payment categories
6. Payment history data must include a grand total and the subtotals must equal the grand total
7. Payment history data must include a statement of all reserves set on the claim
8. Payment history must include a print date and be no older than six months of age
9. Payment history data must include identifying information: name of claimant; claim number; date of injury; and name of insurance carrier
10. If the Carrier is unable to provide this payment data, the Carrier or the Carrier's attorney may provide a hand-signed letter of explanation (on letterhead) stating why there is no printable history if the carrier made no payments for medical or indemnity and did not even set up settlement reserves for the claim. The explanation letter should be accompanied by a hand-signed copy of the available pay record, noting it is a complete representation of all payments made on the claim (including Medical \$0 and Indemnity \$0). NOTE: the handwritten statement verifying that the payout data provided is a complete representation of all payments made on the claim (including Medical \$0 and Indemnity \$0), must be written on each page of payment data provided.

**Medical Records:** Copies of all records for the treatment of the alleged injury over the last two years, even if not paid by the carrier. Please do not send originals. If no medical records exist for the last two years, then a statement from the treating physician, signed and dated, must be provided verifying the last date of treatment, and two years of medical records preceding that date. IME records are not medical records for CMS purposes.

**Pharmacy History:** A list of all medications for the past two years, which must include for each drug: name, dosage, pill count and refill frequency.

**All Letters:** Any letter or statement indicated above must include: name of the claimant, date of injury, and a list of body parts involved in the claim. Furthermore, all letters must be dated within the last six months or must otherwise be updated.

**Contact Information:** For returning clients, you only need to include your name on something prominent so we will notice it. For new clients, please include your name, company, primary contact, mailing address, telephone number, facsimile number and email address.

**PLEASE NOTE: Reimbursement of Medical Providers or Medical Lien Holders:** If your settlement will include the reimbursement of medical treatment providers for treatment provided for the alleged injury or illness, this reimbursement will likely be a basis for CMS refusal of the \$0.00 MSA. If a medical provider is being "made whole" by payment of bills for past medical care, CMS believes Medicare should be protected from payment of future medical bills. Please disclose if any medical bills or medical liens will be reimbursed from the settlement proceeds.

**How to Send New Referrals:**

We welcome submission by any means you find to be the most convenient. If none of the following options are best suited for your individual needs, please contact us and we would be more than happy to discuss alternatives. You are welcome to combine types for the same referral.

**Paper Submissions via Mail, Delivery or Facsimile:** Hardcopies of any and all documents are always accepted. Please do not send original copies of any records. Please limit facsimiles to 50 pages per batch.

**Diskette, CD-ROM or USB Data Device:** File materials may be copied in any standard format. Our firm recognizes all major software formats.

**Electronic Mail:** File materials may be included as email attachments. Please limit the total size of attachments for any one email to 20Mb, otherwise your email may be returned by our server.

**Where to Send New Referrals:**

All of the following options may be utilized for new referrals; the usage of multiple types is welcome:

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|-----------------------------|---|
| <b>U.S. Postal Service:</b> | Hummel Consultation Services<br>Post Office Box 420<br>Newmarket, New Hampshire 03857 |
| <b>Delivery Services:</b>   | Hummel Consultation Services<br>501 Kent Place<br>Newmarket, New Hampshire 03857      |
| <b>Facsimile:</b>           | (978) 338-8116  |
| <b>Electronic Mail:</b>     | joseph@hummelcs.com; christine@hummelcs.com   |