



# Medicare compliance solutions

*Assuring proper Medicare compliance has become a critical element in effectively managing liability and workers' compensation claims, but navigating the details and requirements while controlling claim costs can be extremely challenging. Sedgwick can help.*

Our Medicare compliance team offers expertise and solutions to help our clients reduce costs and successfully address all claim-related Medicare concerns. See how we can help your organization spend less and settle more.

## The Sedgwick difference

Our Medicare services focus on key areas that offer advantages for clients.

- **Cost control** – Our objective is to move claims toward settlement in the least expensive manner possible
- **Integration** – Our Medicare compliance services are integrated with our claims management system to gain immediate access to important data (e.g., Medicare eligibility); the sooner we have the data, the earlier we can address potential Medicare issues and help shorten claim cycles
- **Efficiency** – We can quickly access claims information, allowing us to provide our services with a shorter turnaround time than other vendors
- **Quality** – Our Medicare compliance experts have the ability to address all issues that are involved
- **Reporting** – We provide comprehensive reports including a monthly open claims report that is used by operations to drive settlements, a closing project report that identifies claims for possible settlement, and an annual review highlighting all of our Medicare activity

## What makes our approach unique?

In addition to managing the overall cost of claims, there are several features and benefits of our services that set us apart.

### Medicare Set Asides (MSAs)

- Our team provides examiners with detailed recommendations to help reduce MSAs
- We update each MSA at the time of submission at no charge – no hidden fees or costs are associated with it
- With our strategic targeted allocation reduction (STAR) program, we can analyze and review responses from the Centers for Medicare and Medicaid Services (CMS), and identify proven ways to lower MSAs
- Our proactive reduction outreach program includes a dedicated nurse working with treating physicians to obtain precise CMS-approved documentation to reduce MSAs

### Medicare liens

- We leverage artificial intelligence to analyze the total demanded by Medicare and identify the lowest possible amount owed
- Our team can access claims information and quickly identify Medicare-related issues; vendors cannot see the claim files, requiring back and forth communications when questions arise
- Sedgwick is PAID Act compliant
- By centralizing the process, we handle liens from beginning to end, ensuring that no liens are elevated to the Department of Treasury



## How do we track success?

For both MSAs and Medicare liens, we track our success by closely monitoring how much we save clients that use our services.

Despite the significant savings, we do not charge our clients a percentage of savings like some other vendors do. This keeps your costs down, even though the savings are significant.

### MSA savings

Since 2014, we have been tracking the savings of our STAR program. This program brings together our nurses and claims handling specialists to figure out the best and most efficient ways to reduce an MSA allocation. Because we know that a lower allocation usually results in a lower settlement cost.

We have improved our STAR over the years. Our STAR calculations are not soft savings; we only record STAR savings when CMS actually approves our recommendations.

### STAR SAVINGS

2014	2015	2016	2017	2018
\$7,244,615	\$8,636,400	\$18,421,538	\$23,702,657	\$25,146,344
2019	2020	2021	2022	2023
\$38,987,424	\$37,740,022	\$32,252,858	\$57,185,865	\$74,256,427



### Medicare lien savings

When the federal government increased collection efforts on Medicare liens in 2015, we had to change our processes and adapt to the increase in lien volume. We have had extraordinary success in convincing the government and Medicare Advantage Plans to significantly eliminate Medicare lien demands.

In compliance with the PAID Act, Sedgwick's lien unit now queries all public and private Medicare providers related to the claim, including CMS and Medicare Advantage providers. When these entities indicate there is a lien, an average of 62% are reduced to \$0 and the remaining 38% are reduced by 90%.

That means clients using our lien resolution services are most likely paying \$0 or just 10% of the lien amount. Why? Because access to the claim files, coupled with our proven technology and processes, provides our lien unit with all the tools necessary to successfully reduce liens – tools other vendors simply do not have.

To learn more about our Medicare compliance solutions, contact:

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