

The logo for NAMISAP features a stylized compass rose in the background, with a central vertical line and a circular arc. The letters 'NAMISAP' are written in a large, blue, serif font, centered over the compass rose.

NAMISAP

National Alliance of Medicare Set-Aside Professionals

**Provide Accurate
Information Directly
Proposed Legislation**

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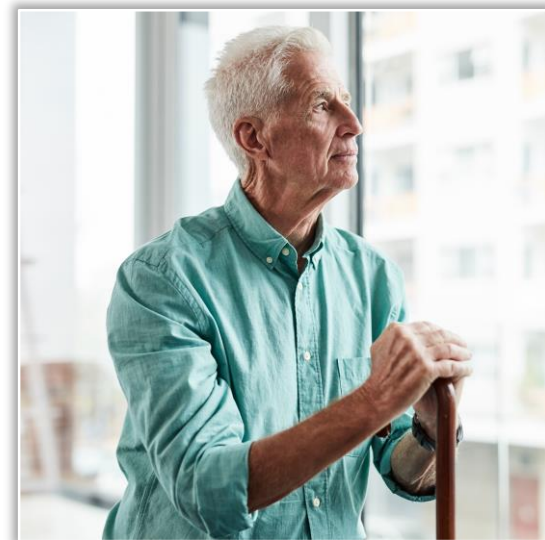
The Problem

- Traditional Medicare has BCRC/CRC to assist Primary Plans to identify and resolve conditional payments
 - Medicare Advantage and Part D Plans conditional payments are not processed by the BCRC/CRC
 - Primary Plans must negotiate directly with Medicare Advantage Plans to resolve conditional payments
- Private Medicare coverage is significant
 - 1 in 3 Medicare beneficiaries is enrolled in Medicare Advantage
 - 9 out of 10 Medicare beneficiaries has a Part D Prescription Drug Plan



The Problem (cont.)

- Primary Plans have no reliable method to identify Medicare beneficiaries enrolled in Private Medicare.
 - Claimant - poor memory
 - Claimant attorney - wants to resolve liens directly with Private Medicare to maximize recovery
 - CMS does not share data with Primary Plans beyond Medicare status (Section 111 Query)
 - No 800# to call- must reach out to over 8,000 plans that exist today in the U.S.
 - Claimants and their attorneys frequently try to avoid reimbursing the conditional payments made by Medicare Advantage plans



Impact to Primary Plans

- Medicare Private Cause of Action Lawsuits for double damages
- Private Medicare & boutique law firms are filing lawsuits in every jurisdiction to establish this right
- Absolute right in New Jersey, Pennsylvania, Delaware, Alabama, Georgia and Florida
- Rights developing in Texas, Connecticut, and Maine
- Over 116 lawsuits still pending (MSP Recovery LLC)

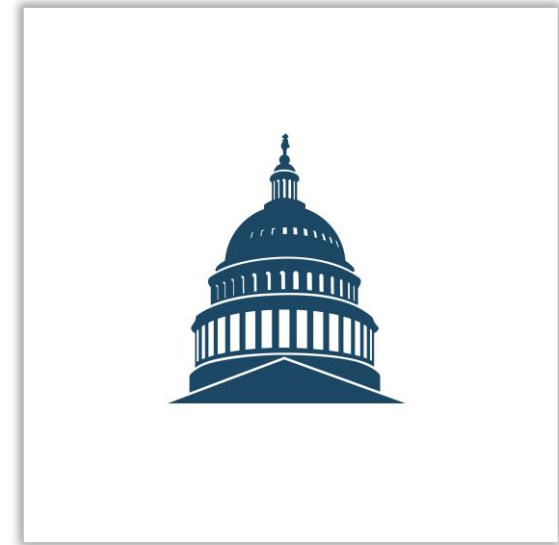


How Does Private Medicare Learn About Primary Plans Today?

- Primary Plan Section 111 data is sent by CMS to every Private Medicare Plans
- Private Medicare Plans are mandated by CMS to use Section 111 data to identify potential conditional payment situations and collect
 - This benefits CMS because it reduces cost of Private Medicare and thus reduces what CMS must reimburse to Private Medicare Plans.
 - The Section 111 data takes time to deliver to Private Medicare Plans, and then it has to be analyzed.
- Claims by Private Medicare Plans against Primary Plans can occur months, and possibly more than a year after settlement -by that time its too late
- Major Medicare Advantage plans screen medical claims to check for opportunities to enforce MSP and try to get primary payers on notices ASAP.
- CMS doesn't provide full section 111 data to Medicare Advantage plans and what is received is too late or frequently inaccurate or in complete.

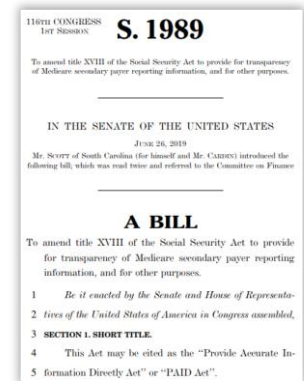
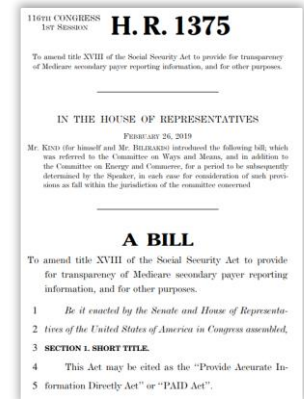
Provide Accurate Information Act (PAID) Solves Our Problem

- Requires CMS to send data to Primary Plans it already has
- Enhances Section 111 Query Process
- In addition to passing Medicare Status, CMS will also include Medicare Advantage and Part D Plan info
- Since information is provided at Query stage, Primary Plan will be able to contact Private Medicare Plan before settlement
- Just like traditional Medicare, Primary Plans will now be able to identify and resolve conditional payment liens ahead of settlement and avoid LITIGATION



PAID is Not Law – Your Help is Needed

- Legislation is pending in both chambers
 - House - H.R. 1375 (Ron Kind – D WI and Gus Bilirakis – R FL)
 - Senate – S. 1989 (Tim Scott R- SC and Ben Cardin (D-MD))
- Congressional Budget Office Scores as a \$25M Saver.
- To help
 - Join the Medicare Advocacy Recovery Coalition
 - Show your support - send your letter to Congress!
 - Go to www.marccoalition.com, “PAID Act” tab to
 - “Take Action” and make your voice heard
 - Pre-populated letter, just need your address, and it
 - will email your representative in Congress
 - (2 Senators & 1 Representative)



Questions & Answers

