



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services

Workers' Compensation Division

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www.wcd.oregon.gov

May 25, 2007

To: Workers' Compensation Insurers, Self-Insured Employers, Service Companies, and Medical Service Providers

Subject: DCBS Data Sharing with the U.S. Department of Health and Human Services: Medicare and Workers' Compensation Benefits

This notice provides information about problems that have occurred as a result of data sharing of Oregon workers' compensation claims with the U.S. Department of Health and Human Services and Centers for Medicare & Medicaid Services (CMS), and steps to resolve these problems and prevent further occurrences.

Federal law precludes Medicare from paying for a beneficiary's medical expenses when payment has been made, or can reasonably be expected to be made, under a workers' compensation plan. Accordingly, CMS has been obtaining claims data from states to match with its databases of Medicare-eligible beneficiaries. DCBS began providing Oregon claims' data in July 2006. CMS used this information to contact insurers and service companies regarding specific claims.

In recent weeks, injured workers receiving Medicare benefits have contacted DCBS, the Ombudsman for Injured Workers, and insurers stating that they have been informed either by CMS letter or their medical provider that their federal benefits either are or could be affected. Insurers and third-party administrators have told DCBS that they are receiving a substantial number of requests for information from CMS that require time-consuming research, often on denied claims, very old claims, or claims for unrelated conditions. Some injured workers have told us that their medical providers have told them that Medicare payments for their treatment have been suspended due to a previous workers' compensation claim, based on information the providers received from CMS.

DCBS and CMS staff recently discussed what has occurred in data matching, communications, and benefit decisions, how to remedy the problems, and made the following decisions:

- DCBS will stop providing claims data to CMS until new agreements about necessary data items and their definitions are jointly developed.
- CMS will not use the data previously submitted by DCBS to make Medicare benefit or payment decisions.
- CMS will notify parties to whom it previously sent letters (including the copied parties) that the letters were sent in error.
- CMS will stop sending the letters to insurers and service companies requesting claim information, based on all prior data provided by DCBS to CMS.
- DCBS will work with CMS to determine what data should be provided to CMS in the future.



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- CMS will ensure its contractors analyze the “relatedness” of the workers’ compensation and Medicare conditions, status of the claim, and other factors before making benefit and payment decisions.
- Medical providers should resubmit previously denied billings for services provided to Medicare recipients to CMS for payment.

Injured workers receiving Medicare benefits, insurers, service companies, and medical providers with questions regarding requests for information or unresolved service delivery or billing issues can obtain further information by contacting:

Ms. Jonella Windell

Centers for Medicare & Medicaid Services – Region 10

2201 Sixth Avenue, MS-40

Seattle, WA 98121

Phone: (206) 615-2385

jonella.windell@cms.hhs.gov

Injured workers may also contact:

Jennifer Flood

Ombudsman for Injured Workers

Toll Free: (800) 927-1271

Salem: (503) 947-7031

jennifer.r.flood@state.or.us

General questions regarding this notice may be directed to:

Phil Jarvis

Workers' Compensation Division

Salem: (503) 947-7600

phil.m.jarvis@state.or.us

John L. Shilts, Administrator

Workers' Compensation Division

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