HELIOS

Medicare Set-Aside Clinical Outreach

Approach

Cost containment is a primary focus for payers when approaching settlement, particularly when a Medicare Set-Aside (MSA) projection is being formulated. The Helios Medicare Set-Aside Clinical Outreach is specifically designed to identify and resolve potential issues that drive over-allocation to deliver savings and cost effective settlements.

During completion of the MSA, our multidisciplinary team identifies any items included in the treatment plan that lack proper clarity, including outdated recommendations or drug therapies where prescribed reason for usage is unclear. An action plan is created to address specific items requiring clarification with the treating physician. Through peer-to-peer outreach, a specialty-matched physician enters into a collegial discussion with the treating physician(s). The purpose of this discussion is to confirm and obtain clarification, both verbally and in writing, of the current and/or future treatment recommendations that may include the following:

- Documentation of appropriate treatment plans and elimination of treatment modalities that are no longer medically necessary but remain in prior records that will be sent to CMS
- Confirmation of future prescription drug needs
- Confirmation of reasoning for prescription usage to determine off-label, inappropriate or overutilization

Once written clarification on the treating physician's letterhead is obtained, the MSA allocation can be adjusted accordingly and submitted to CMS, if requested.

Case Study

MSA Clinical Outreach Case Summary #1

A 58-year old man injured his left shoulder, ribs and lower back by falling off a ladder onto his left side. The diagnoses were lumbar degenerative disc disease, lumbar sprain, L5-S1 narrowing disc, bulging facet, fractured ribs X 2 and left rotator cuff syndrome.

His treatment consisted of prescription medications, Depo-Medrol injections, epidural steroid injections and chiropractic adjustments to the lumbar spine. It was noted that the epidural steroid injections were providing 70% relief.

Challenges/Concerns

The treating physician recommended weight loss, lumbar discectomy, and left shoulder arthroscopy to repair the rotator cuff tear. The physician noted a possibility of a spinal cord stimulator. However, since the more conservative treatment of epidural steroid injections was providing 70% relief, it was questionable whether the additional treatments and spinal cord stimulator were medically necessary.

Steps Taken/Results

A peer reviewer contacted the treating physician to discuss medical necessity of the spinal cord stimulator. From these discussions, it was determined that the epidural injections were providing adequate pain relief and, since the injured worker had not followed the weight loss program which would assist in reducing pain, the spinal cord stimulator was deemed to be not medically necessary.

Total estimated lifetime savings based on changes implemented = $325,737

Case Study

MSA Clinical Outreach Case Summary #2

A 43-year-old individual with a lumbar spine injury was diagnosed with chronic pain, failed back syndrome and anxiety/depression subsequent to a lumbar spinal fusion at L4 – S1. A spinal cord stimulator was implanted twice and subsequently removed due to failure to provide adequate pain relief. Ongoing low back pain with radiculopathy and muscle spasms were noted and pain management continued with the use of multiple oral pain medications and muscle relaxants. The treating physician recommended a third spinal cord stimulator trial. Prescription medications were:

- Dilaudid® (opioid analgesic used to treat acute/chronic pain)
- Norco® (opioid analgesic used to treat breakthrough or acute pain)
- Gabapentin (anticonvulsant used to treat neuropathic/radicular pain)
- Clonazepam (benzodiazepine for anxiety)
- Soma® (muscle relaxant)
- Flexeril® (muscle relaxant)
- Tizanidine (muscle relaxant)

Challenges/Concerns

Spinal cord stimulation previously failed twice, but the treating physician was recommending it for a third time. The injured individual noted significant pain even with the implantation of the stimulator on both occasions. This invasive treatment option is costly and the previous failures with the stimulator indicate a very minimal chance of success in the future.

Additionally, three muscle relaxants were prescribed, indicating that some duplicative drug therapies may be able to be eliminated. As a result, the MSA amount was inhibiting settlement of the claim due to its high cost.

Steps Taken/Results

A specialty-matched physician contacted the treating physician to discuss the case, which resulted in the recommendation for a spinal cord stimulator being withdrawn. The treating physician also determined that the most effective muscle relaxant would be Tizanidine and agreed to discontinue both Flexeril and Soma immediately. The treating physician agreed to place these recommendations in writing and they were received within 30 days. The MSA allocation was revised based upon the updated treatment plan that was provided on the treating physician's letterhead.

Cost Savings/Items Removed:

Items Removed	Allocation
Spinal Cord Stimulator	$175,350
Flexeril	$1,442
Soma	$1,082

Total cost of items removed from the MSA = $177,874