

I know – I’ve talked to at least one individual recently who said that he had some thoughts of potentially how to write that up. I said send it into the mailbox so that it could be considered. So, if you have an approach, or anything that you think would help us get around that problem, please send to the mailbox.

(Victoria Vance): And thank you for that.

One quick follow-up. We sometimes hear discussion in the course of settling cases and claims about whether on the liability side, not worker’s comp, but on the liability side, there is now, or is expected to be in the future, any vehicle such a what they refer to as a Medicare set aside, or starting to get into that sort of practice. Do you have any thoughts or any expectation that doing Medicare set asides is ever going to be something that enters the world of the liability and casualty payers?

Barbara Wright: It has already entered. As we’ve said on many calls, CMS has formalized process to review proposals for workers’ compensation, Medicare set aside amounts. It does not have the same formalized process for liability Medicare set aside arrangements. The process for worker’s compensation is voluntary.

We have a process for an informal process on the liability side that if a plaintiff’s attorney or insurer, et cetera, wishes to approach the appropriate CMS regional office and the regional office has the ability to do so workload or otherwise, that they can choose to review a proposed set aside amount if they believe there is significant dollars at issue.

Again, it’s not the same extensive process that we have for worker’s compensation. But regardless of whether CMS has a formalized process, or regardless of whether or not you’re participating in the formalized process for worker’s compensation Medicare set aside, the statute has the same language in either situation. It’s not parallel language. It’s not similar language. It’s literally the same physical sentence that we’re not to make payment where payment has already been made.

So where future medicals are a consideration in arriving at the settlement, et cetera, then appropriate arrangements should be made for appropriate exhaustion of the settlement before Medicare is billed for related services.

(Victoria Vance): Thank you.

You've indicated that there may be times at some point in the future, some education may be put on by CMS that specifically addresses these MSP ...

Barbara Wright: (inaudible) ...

(Victoria Vance): ... practices.

Barbara Wright: ... more recovery issues, yes.

(Victoria Vance): Right. Is that expected to happen?

Barbara Wright: It's on the list of things that are being looked at and worked on.

(Victoria Vance): OK.

Barbara Wright: In the meantime I guess what I should say, if we haven't referenced it before, there isn't anything – there wouldn't be anything on – the MSPRC, the Medicare Secondary Payer Recovery Contractor is our contractor for recoveries related to liability insurance, no fault insurance, worker's compensation insurance, or even group health plan insurance.

They are not the ones responsible for reviewing the establishment, or proposed amounts, for set asides. So you aren't going to find information on their site about set asides. What you will find on their Web site is information about their recovery process and general steps, everything like that.

So if you're not familiar with that, you can go to their Web site, which is [www.msprc.info](http://www.msprc.info), I-N-F-O, and they do have some PowerPoint presentations about the recovery process for GHP, the recovery process for non-GHP, they have information about proof of representative, consent to release, and other documents available on that site. So if you're not familiar with the process