

NOTIFICATION: < \$1000-\$3200 Medical Only Claims

Under Section 287.957 RSMo, the employer may pay up to \$3200 (loss dates after 9/1/16) for out-of-pocket injury related medical costs, only if there is no lost time greater than 3 days and no claim for compensation is filed by the employee.

**** PLEASE NOTE: EMPLOYERS HAVE A STATUTORY OBLIGATION TO REPORT “ALL” CLAIMS REGARDLESS OF COST OR SEVERITY.**

MMMA will be processing all medical bills from our office. To take advantage of removing the medical only under \$3200 claims from the members’ experience modification rating, members who choose to do so can reimburse MMMA for the bills associated with these claims.

ALL accidents/incidents are to be reported to MMMA with a First Notice of Loss. Reporting a new claim via Internet is the preferred method, but we also accept claims by fax or e-mail.

Claim Types:

- Incident only = (no medical treatment, other than Employer First- Aid)
- Medical only
- Indemnity/Lost Time

On a quarterly basis, Members will be given the option to reimburse MMMA-SIWCF for their qualifying closed, medical only claims. As indicated above, if you choose to reimburse these qualifying claims, the claim(s) dollars will be reduced to \$0.00. Any claim with a balance of \$0.00 will not affect your experience modification rating.

Advantages:

1. All claims are reviewed for compensability under work comp
2. All invoices are reviewed for appropriateness of care
3. All payments are discounted by MCO and direct discount reductions
4. All payments are made in a timely manner
5. All medical records received will be reviewed
6. All claims are reported to the Centers for Medicare & Medicaid Services (CMS) – per the Medicare Secondary Payer (MSP) Section 111- SCHIP Extension Act

Should you have any questions, please contact Kelley Whorl, Director of Claims @ 636-681-5277.