



Better, together.

Medical Savings Accounts, or MSAs, are one type of Medicare Advantage plan.

Lasso Healthcare MSA combines health coverage with a special medical savings account. We deposit money from Medicare into the member's savings account. The member decides what health services to spend it on.

CMS designed MSA plans to be consumer-driven, and have clinical access work *exactly like Original Medicare.*

PROVIDER GUIDE

Medicare Medical Savings Account Plan (MSA) from Lasso Healthcare



Medicare...well spent.



	Required to see?	Reimburse method	Impacts to member
PAR	Yes, if accepting new patients	Lesser of: billed charges or 100% Medicare allowable amount	Medicare-covered services count toward plan deductible
NON-PAR	No	95% Medicare allowable amount; balance bill allowed	Excess charges not reimbursed by plan, do not count to deductible
OPT-OUT	No	Private contract between you and member	No charges reimbursed by plan, do not count to deductible

Get paid in 3 easy steps



Submit claim to Lasso Healthcare via clearinghouse information on the member's ID card.

We return Medicare-allowable pricing to you, along with any payment due from us and any member liability amount.



Bill the member directly for any balance due. The member chooses to pay with their available MSA funds or out-of-pocket.

What does CMS say?

MSA Provider Reimbursement – 42 C.F.R. §§ 422.103 & 422.214

- Medicare beneficiaries with an MSA may access any Medicare participating provider. Insurance companies offering MSA Plans cannot limit an MSA member's provider choice.
- If a provider accepts assignment as Medicare-participating, reimbursement is the lesser of billed charges or 100% Medicare allowable amount.
- If a provider is non Medicare-participating and decides to see the MSA member, reimbursement is 95% of the Medicare allowable amount with balance billing of the member (where allowed by state law) allowed up to 15% of the non-participating Medicare allowable amount.
- Insurance companies offering Medicare MSA Plans are required to pay as Medicare pays, including bad debt reimbursement per Medicare guidelines.

Engagement and Information Sharing – 42 C.F.R. § 422.103(e)

MSA members need clinical support and engagement to help navigate healthcare service options and associated cost analysis. Insurance companies offering Medicare MSA Plans are required to support MSA members through cost transparency information and tools that assist with informed knowledge about healthcare service options. These tools are designed with a goal to support better clinical and patient engagement, care plan development and execution. MSA members are encouraged to perform pre-work, then seek your clinical counsel on how best to manage their health and healthcare choices in a smart and cost-effective manner.

Get in touch



PROVIDER SERVICE

📞 1-800-579-0254

💻 lassohealthcare.com



CLAIMS

✉️ PO Box 261709, Plano, TX 75026

💻 <https://goo.gl/FCxy3m>

Payer ID# 10550

Frequently asked questions

We do not contract with Lasso Healthcare. Do we have to accept your plan members?

Remember, Lasso Healthcare is prohibited by CMS from restricting clinical access for our members, so we have no "network" or "contracted providers" like other Medicare Advantage plans. You are required to see the member if you are a Medicare-participating provider and accepting new patients. Non-par and opt-out providers are not required to see the member.

How can I support MSA plan members to better manage their health?

Help the member focus services on preventive versus corrective. Establish an annual care plan and see the member periodically. Consider sharing clinical information via platforms such as OpenNotes.org. Finally, put yourself in your patient's shoes to understand how challenging navigating our overall health system can be; become an informed health consumer yourself with tools such as ChoosingWisely.org.

Where can I find more info on MSA plans?

Please visit both our website, lassohealthcare.com, and Medicare.gov for more information.