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.

Medicare Medical Savings Account Plan (MSA) from Lasso Healthcare

Medicare...well spent.
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.

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.

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

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.

MSA Provider Reimbursement

<table>
<thead>
<tr>
<th>PAR</th>
<th>Required to see?</th>
<th>Reimburse method</th>
<th>Impacts to member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, if accepting new patients</td>
<td>Lesser of: billed charges or 100% Medicare allowable amount</td>
<td>Medicare-covered services count toward plan deductible</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-PAR</th>
<th>Required to see?</th>
<th>Reimburse method</th>
<th>Impacts to member</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>95% Medicare allowable amount; balance bill allowed</td>
<td>Excess charges not reimbursed by plan, do not count to deductible</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OPT-OUT</th>
<th>Required to see?</th>
<th>Reimburse method</th>
<th>Impacts to member</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Private contract between you and member</td>
<td>No charges reimbursed by plan, do not count to deductible</td>
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</tbody>
</table>