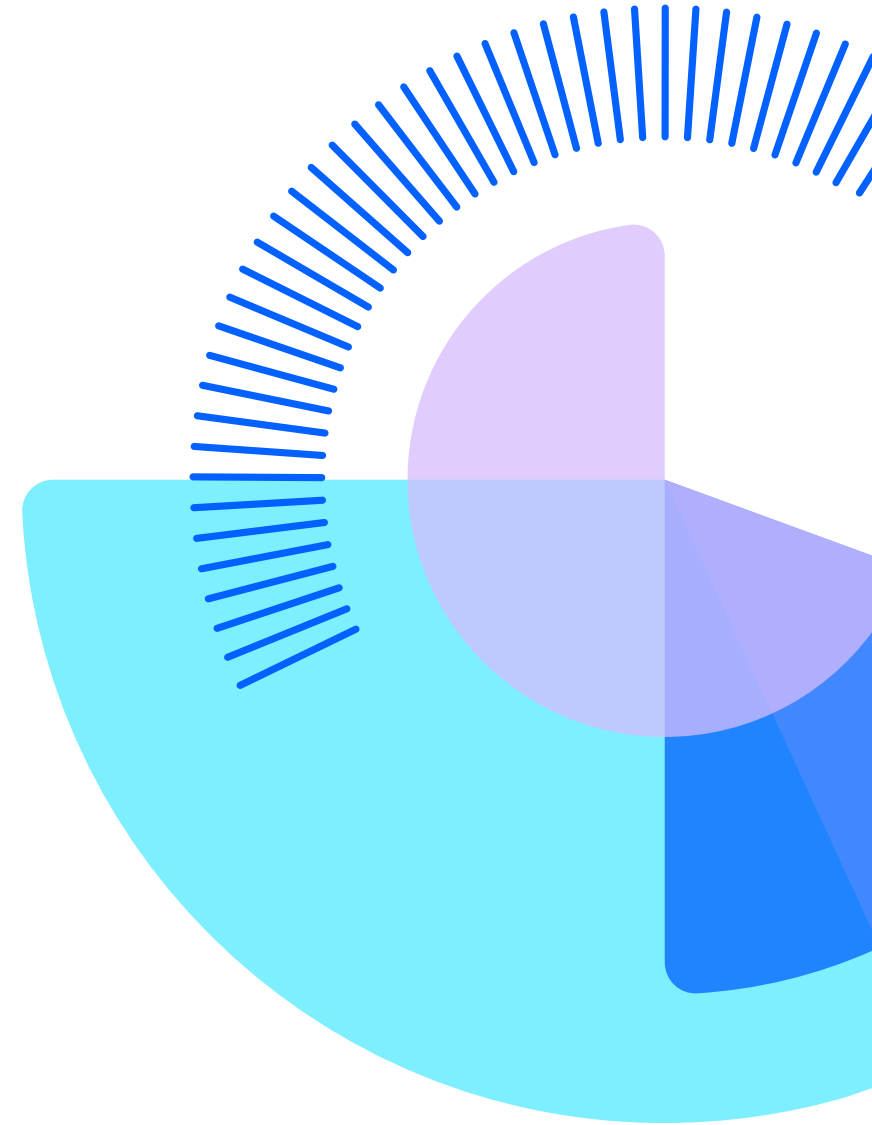




# TPOC/WCMSA Reporting Under the Microscope: Minimize Compliance Risk and Errors with Smarter Automation

April 30, 2026  
2:00 PM – 3:00 PM EDT



# TPOC/WCMSA Reporting Under the Microscope: Minimize Compliance Risk and Errors with Smarter Automation

**Presenter**



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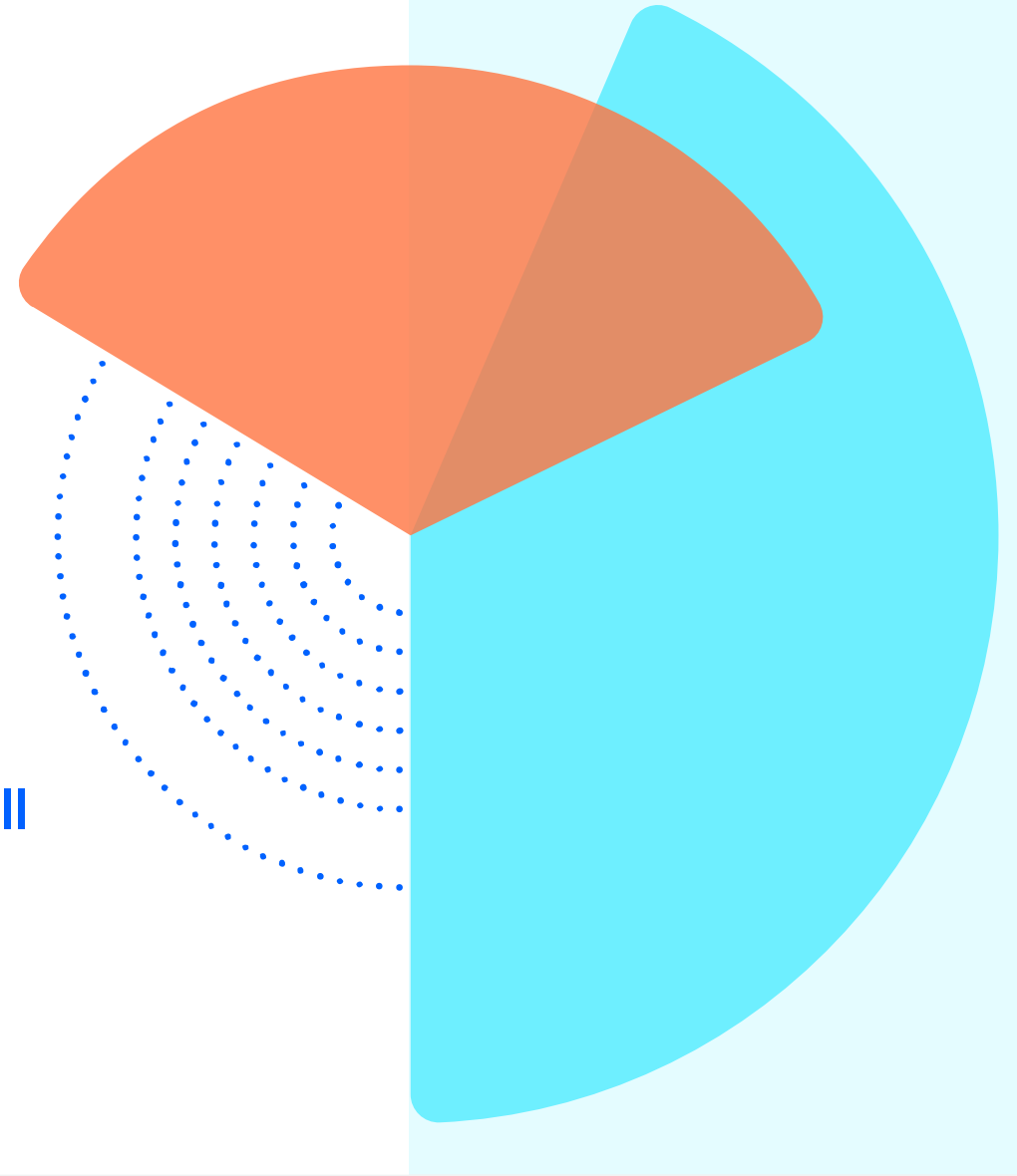
**Moderator**



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# Today's agenda

- 1 TPOC/WCMSA – brief refresher
- 2 What we are we seeing?
- 3 Identifying and meeting the challenges
- 4 Verisk solutions – automating and simplifying it all
- 5 Poll Questions
- 6 Q/A



# TPOC/WCMSA – Recap and Current Status



# CMS is using Section 111 data to evaluate MSA compliance

**MSAs are now tracked and validated against S.111 data**

- Impacts Medicare payments
- May change status of MSA approvals
- Tracks MSA spend and administration

**Provides CMS a pathway to audit MSA use in WC settlements involving Medicare beneficiaries**

- CMS knows which cases include MSAs
- May bring all available means to enforce program including bringing a False Claims Act claim and auditing \$0 WCMMSA values.

# TPOC/WCMSA compliance – practical perspective

Effective April 4, 2025\*, WC insurers must report the new TPOC/WCMSA data fields for settlements with Medicare beneficiaries as follows:

1. WC settlement with a Medicare beneficiary greater than \$25K

2. WC settlement with a Medicare beneficiary for \$25K or less (“Low dollar” settlements)

3. WC settlement with a Medicare beneficiary – no WCMSA or \$0 WCMSA  
(CMS retains right to audit \$0 WCMSA)

In each of these scenarios, WC carrier must report the new TPOC data points

## TPOC/WCMSA Data Points

1. MSA Amount (required)
2. MSA Period (required)
3. Lump Sum or Structured/Annuity Payout Indicator (required)
4. Initial Deposit (required)
5. Anniversary (Annual Deposit) (required)
6. Professional Administrator EIN (technically optional)
7. Case Control Number (optional)

\*Applies to Section 111 coverage reports with TPOC dates April 4, 2025, or later.

# Recent CMS WCMSA Data Reporting Issues



**Professional Administrator (EIN):** Technically optional field when professional administration is being utilized. If not supplied CMS will default to Self-Administration.



**Section 111 MSA values do not match voluntary WCMSA review process values:**

- Where there are mismatches between the data submitted via the Section 111 process and the voluntary MSA approval process, CMS will view the information submitted via Section 111 process to be correct and final.
- The WCMSA case will be converted to “non-approved” and, when pending a CMS approval decision, identified as completed and no approval will be issued.
- CMS will send out Notice of Settlement (NOS) letter.

# Recent CMS WCMSA Data Reporting Issues



## Voluntary WCMSA case removed from the WCMSA review process:

- If CMS receives a TPOC report with a WCMSA, CMS presumes that the settlement and the WCMSA have been finalized (regardless of the WCMSA submission status at the WCRC).
- Thus, WCRC will take no further action on the submitted WCMSA.
- Accordingly, CMS noted that RREs should coordinate with all parties prior to reporting the TPOC and WCMSA data.
- CMS has reiterated that it does not have the technical capability to reissue Notice of Settlement (NOS) letters- negative impact to the beneficiary.



## WCMSA approved as a structured settlement, but parties want to change it to lump sum at time of settlement:

- CMS says it is necessary to follow up with the WCRC to ensure that the prior approval is updated to reflect the desired change from structured settlement/annuity funding to lump sum.
- RRE should then report the MSA via the Section 111 process as a lump sum, which should then be consistent with the information connected to the approved MSA.

# TPOC/WCMSA – Compliance Perspective

## 1. Section 111 CMPs

- Remember, TPOC reports must be submitted, and accepted by CMS, in a timely fashion.
- If you do not properly report the TPOC/WCMSA data fields, CMS will reject your TPOC report.
- In this instance, if the TPOC report is not corrected and refiled timely, this could result in potential CMPs

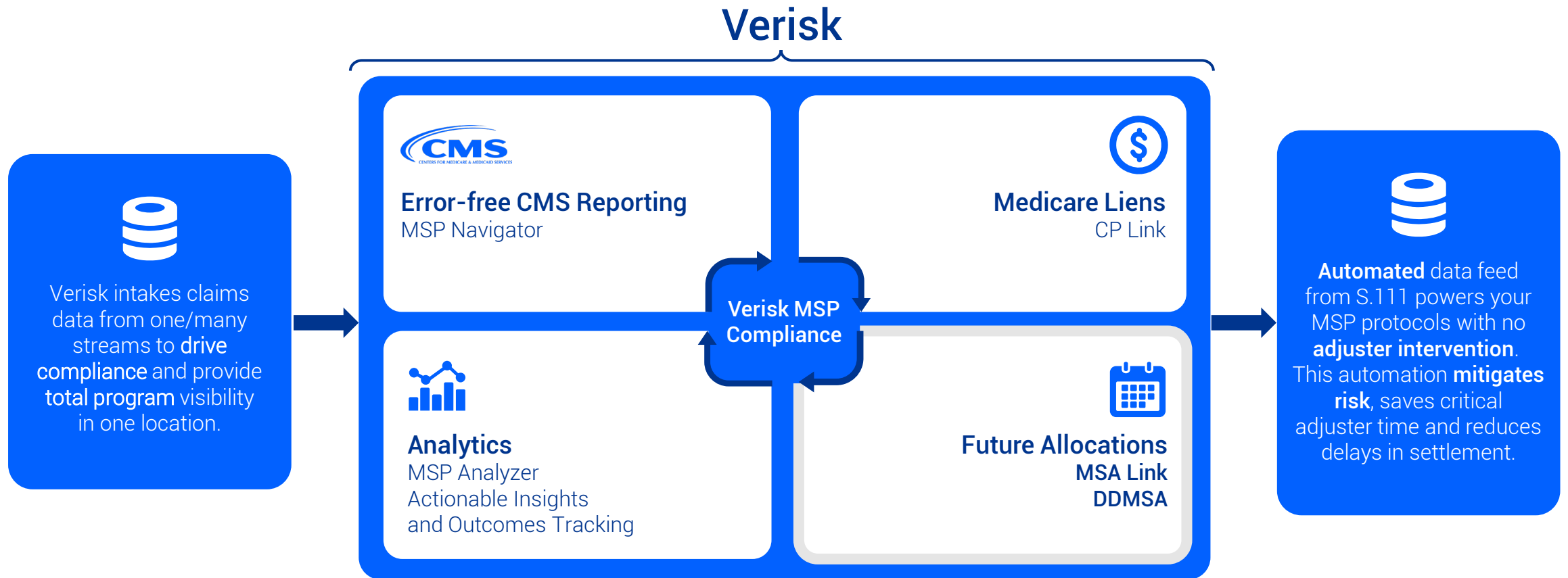
## 2. WCMSA Considerations

- CMS has unprecedented visibility into your WCMSA practices for settlements with Medicare beneficiaries
- Applies to all settlements with Medicare beneficiaries – whether the settlement does/does not meet CMS's "greater than \$25k" review threshold
- Special focus "low dollar settlements (\$25k or less):" CMS now will see how insurers are addressing their interests

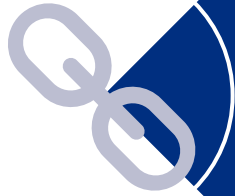
## 3. Practical Challenges

- Data Entry, Accuracy & Timeliness of New Fields
- Protocol Adherence and Oversight
- Compliance/protocol consistency

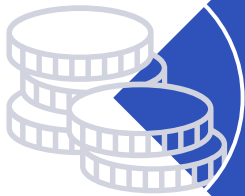
# Single Source + Data Driven = Automation and Mitigated Risk



# Verisk Services Spotlight: Response to new CMS protocols



MSA Link – makes sure that MSAs are completed on ALL files that involve a Medicare beneficiary in alignment with **Carrier protocols**.

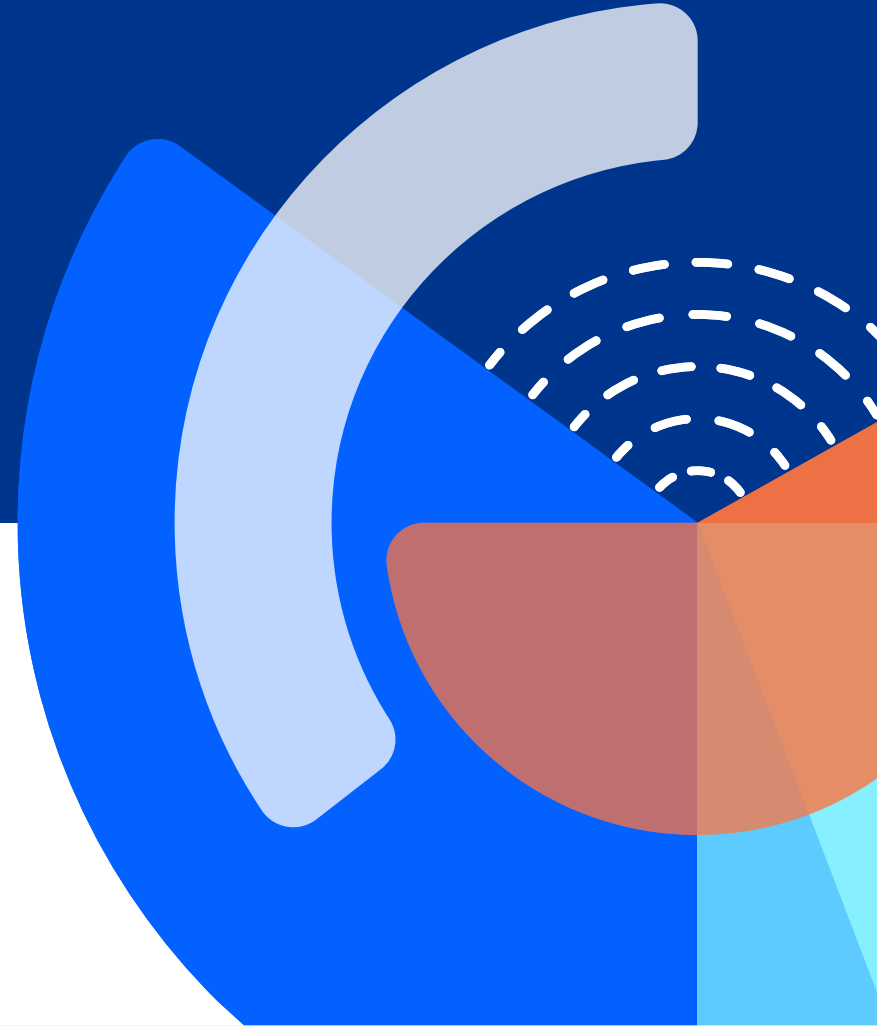


Data Driven MSA (DDMSA) – allows for a low cost and rapidly delivered allocation on low dollar settlements.



Data Sync – ensures that all WCMSA information reported **via S.111** is accurate.

# MSA Link



## MSA Link



MSA Link process is initiated on claims with Medicare beneficiaries typically **when the claim is 12 months or more past the date of injury.**



The process is simple and ensures that MSAs are completed on all WC claims involving a Medicare beneficiary.



Verisk sends an email to adjuster on any claim that is aged 12 mos from the date of injury.



Within the email, Adjuster clicks on the appropriate next steps;

- a) Claim is anticipated to settle for greater than \$25k -> Standard MSA initiated by Verisk
- b) Claim is anticipated to settle for less than \$25K -> DDMSA initiated by Verisk
- c) MSA not needed yet -> follow up sent in 3 mos
- d) Ability to auto create Service if no response

## MSA Link– Standard Criteria

- Medicare Beneficiary = YES
- Claim Status = OPEN
- ORM = Y
- Jurisdiction closes medicals
- One(1) ICD Code listed
- No TPOC
- Age of claim = 12 months or more

# Data-Driven MSA



# Data-Driven MSA



Data-Driven MSA used for “low dollar” settlements with Medicare beneficiaries (\$25k or less).



No medical records or prescription pay histories needed.



DDMSA is automated and based off information included in Section 111 reporting.



Quick turnaround time.

# Sample Data-Driven MSA

Data Driven MSA	
<b>Claim Information</b>	
Claim Number	00002
DOI	01/15/2023
Jurisdiction	CA
<b>Claimant Information</b>	
Claimant	[REDACTED]
SSN	xxx-xx-2222
DOB:	11/5/1954
<b>Data Driven MSA Projection</b>	
MSA Amount <sup>1</sup>	\$4,950.00
MSA Period	14
Method of Funding	Lump Sum
Medicare Status	Entitled to Medicare
<b>Injuries</b>	
Related Injuries	S63.502D – Unspecified sprain of left wrist, subsequent encounter
<b>Cost Drivers</b>	
MSA Cost Drivers	N/A
Please note that the Data Driven MSA should not be submitted to Medicare for review and approval.	

# Section 111 Data Sync



## Section 111 Data Sync



Section 111 Data Sync ensures the proper WCMSA amounts are reported to CMS.



When TPOC is received on a WC claim, and the WCMSA data is blank or does not match the most recent allocation information Verisk has on record for the claim, the adjuster receives an email where they click a link to:

1. Confirm that the original WCMSA amount submitted via s. 111 is correct and should be reported to CMS.
2. Amend WCMSA amount to update to the most recent WCMSA information Verisk has record of (this amount will display for review).
3. Upload settlement documents to auto extract and approve WCMSA data for s. 111 reporting.



# Data Sync Email Template

Dear Adjuster,

TPOC was reported on claim 123456789 and the below WCMSA data was entered:

Field	Value Entered
MSA Amount:	\$ Dollar value displays here
MSA Period:	Number of Years displays here
Payment Indicator:	Annuity or Lump Sum displays here
Initial Deposit:	\$ Dollar Value displays here
Annual Deposit:	\$ Dollar value displays here

### ⚠ Discrepancy

The WCMSA data currently entered does not align with the data we have on record for this claim. Our records have the following details:

Field	Verisk Record
MSA Amount:	\$ Dollar value displays here
Years:	Number of Years displays here
Payment Indicator:	Annuity or Lump Sum displays here
Initial Deposit:	\$ Dollar value displays here
Annual Deposit:	\$ Dollar value displays here

### Next Steps

Per Sampo protocol to ensure accurate data reported **click on the correct box below**

✅ The original WCMSA data entered is correct as detailed above in the green table. Do not make any changes to WCMSA data. Proceed with s. 111 reporting using the currently populated data.

⚠ Oops. The original WCMSA data reported (green table) is incorrect. All 5 fields displayed above (red table) were incorporated into the Final Settlement. Update the s.111 WCMSA information using the 5 fields in red table above.

🤔 Unsure what WCMSA info to report. Click to upload Final Settlement documents to auto-verify and update Section 111 WCMSA data.

This claim WILL NOT be reported to CMS until you have responded by selecting one of the above options.

If you receive this email, you MUST select for the claim to report. The claim will be withheld from s. 111 reporting and will not receive system updates until a response is received.



Email will display WCMSA data obtained from:

1. Final Settlement document
2. CMS decision
3. Most recent MSA created (within 6 mos)

# Data Sync Click Results – Approve Amounts

Click Green when what was originally reported via s. 111 is correct



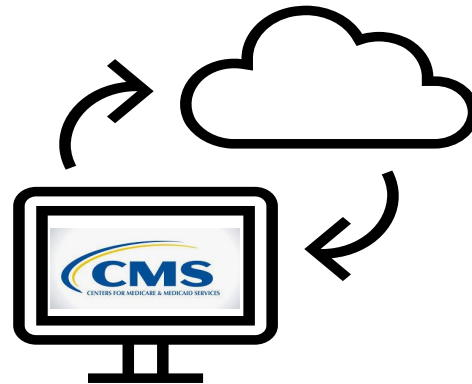
✓ The original WCMSA data entered is correct as detailed above in the green table. Do not make any changes to WCMSA data. Proceed with s. 111 reporting using the currently populated data.

Thank you for your submission

You have indicated that the original WCMSA values provided are accurate and no changes are needed. **We will proceed with s.111 reporting using the information below.** If you have questions or need assistance, please contact [AutomatedMedicareSolutions@verisk.com](mailto:AutomatedMedicareSolutions@verisk.com)

MSA Amount	\$212,690.77
Annuity or Lump Sum	Annuity
Initial Deposit	\$29,734.02
Annual Amount	\$13,068.34
MSA Period	12 Years

Print Confirmation



# Data Sync Click Results – Approve Amounts

Click Red when the information Verisk provided is correct and should be used for WCMSA reporting



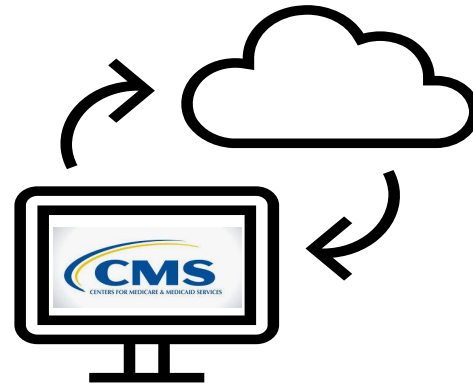
**⚠️ Oops. The original WCMSA data reported (green table) is incorrect. All 5 fields displayed above (red table) were incorporated into the Final Settlement. Update the s.111 WCMSA information using the 5 fields in red table above.**

Thank you for your submission

You have indicated that the original WCMSA values provided were inaccurate. **The WCMSA fields within the s. 111 reporting for this claim will be updated with the information below.** If you have questions or need assistance, please contact [AutomatedMedicareSolutions@verisk.com](mailto:AutomatedMedicareSolutions@verisk.com)

MSA Amount	\$142,182.00
Annuity or Lump Sum	Annuity
Initial Deposit	\$33,957.00
Annual Amount	\$5,153.00
MSA Period	22 Years

Print Confirmation



# Data Sync Click Results – Upload Settlement Document

Click Yellow when you are not certain what the WCMSA amount should be. Clicking this button will allow you to upload your settlement documents and automatically extract any WCMSA / future allocation addressed in the settlement.



**? Unsure what WCMSA info to report. Click to upload Final Settlement documents to auto-verify and update Section 111 WCMSA data.**

# Data Sync – Upload Settlement Document

**Upload Final Settlement File**

Upload the final settlement file to automatically verify WCMSA fields. Claim Number: 710979502

Drop files to upload, or Browse Files  
.pdf, .jpeg, .jpg, .png, .tif, .tiff files only | Max File Size: 2GB

Selected file will appear here → Selected File Name: Settlement 4.pdf  
Size: 257.98 KB

**Upload File**

### MSA Details

**Important Information**

? If multiple WCMSA values appear [click here](#) to view the settlement document then confirm the correct value. ✕

**MSA Amount Details**

**MSA Amount**

\$251,334.00

Please enter MSA Amount

**Annuity or Lump Sum**      **Initial Deposit**      **Annual Deposit**

Annuity       \$21,221.00       \$5,662.00

Lump Sum       Please enter amount       Please enter amount

**MSA Period Details**

**MSA Time Period (Years)**

21

Please enter MSA Period

**Optional Details**

CCN

Professional Admin EIN

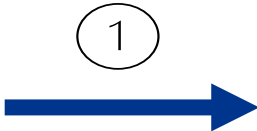
Review the details above, approve the amount and timeframe for allocation, and send to MSA Navigator for Section 111 reporting.

← Back to upload file
Continue to Review

If Time Period is not listed in settlement documents, CDC life expectancy based on current age will be populated.

Check Box when information above is correct

All fields are editable if you need to change data.



1



2

**Important Information**  
 ⓘ If multiple WCMSA values appear [click here](#) to view the settlement correct value.

**MSA Amount Details**

**MSA Amount**

\$182,845.85

\$188,245.85

Please enter MSA Amount

**Annuity or Lump Sum**      **Initial Deposit**

Annuity       \$24,371.45

Lump Sum       \$11,315.31

Please enter amount

**MSA Period Details**

**MSA Time Period (Years)**

15

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**Discovery Navigator ...** 2 / 7 | 102% | [Icons]

**Initial Deposit Amount (2)**

RESULT	S.111 EXPECTED VALUE	PAGE
\$24,371.45	24,371.45	5
\$11,315.31	11,315.31	6

**Lump/Annuity Indicator (3)**

RESULT	S.111 EXPECTED VALUE	PAGE
Structure (s)	Structured Settlement	5
Periodic payments	Structured Settlement	6
Annuity	Structured Settlement	6

**MSA Amount (2)**

RESULT	S.111 EXPECTED VALUE	PAGE
<a href="#">\$182,845.85</a>	182,845.85	5 6
\$188,245.85	188,245.85	6

Verisk  
 This document contains private information. Any unlawful disclosure is prohibited.  
 Document Name: New Sample Settlement With multiple MSA Amounts 2.pdf 2

For each of the data points, the page data was extracted on is hyperlinked. Click to review.

Download

### MSA Details

Discovery Navigator ... 6 / 7 | - 90% +

**Important Information**  
 ⓘ If multiple WCMSA values appear [click here](#) to view the settlement correct value.

**MSA Amount Details**

**MSA Amount**

\$182,845.85

\$188,245.85

Please enter MSA Amount

**Annuity or Lump Sum**      **Initial Deposit**

Annuity       \$24,371.45

Lump Sum       Please enter amount

**MSA Period Details**

**MSA Time Period (Years)**

15

**V. Future Medical Handling and Set-Asides:**

**a. MSA handling:**

i. **Full MSA/Non-Submit MSA/EBMSA included with Settlement:** The parties have allocated an MSA amount of \$182,845.85. The seed and annuity is calculated in accordance with the guidance outlined in the most recent version of the WCMSA reference guide and will be seeded with an initial payment amount of \$11,315.31 followed by periodic payments of \$24,371.45 annually. This amount has been carefully determined based on factors including, but not limited to, the type and severity of the injury or illness, the age of the Claimant, prior medical expenses, and a good faith cost projection of future care. The MSA amount of \$182,845.85 is intended to be set-aside in a separate interest-bearing account and used exclusively to pay for future Medicare covered work-injury-related medical expenses.

1.

**b. Submission:**

i. **MSA submitted to CMS and approval issued:** Pursuant to the most recent version of the WCMSA reference guide, the submission of an MSA to CMS for review and approval is a voluntary process and there are no statutory or regulatory provisions that require CMS submission of an MSA. Nonetheless, the parties have agreed to submit an MSA to CMS for review and approval. The MSA was submitted on 2/01/2025, and CMS issued a decision on 03/10/2025 finding that \$182,845.85 is an appropriate amount to protect Medicare's interests.

**c. Funding Method**

1. **Annuity:** The MSA/Non-submit/EBMSA amount will be funded through an annuity. The seed and annuity is calculated in accordance with the guidance outlined in the most recent version of the WCMSA reference guide and will be seeded with an initial payment amount of \$24,371.45 followed by periodic payments of \$11,315.31 annually. The date of the first payment shall be 09/03/2025. Annual payments will subsequently be made on the 3rd day of each year until continuing for the life of the Claimant.

**d. Method of Administration**

i. **General Introduction:** The Claimant acknowledges and understands that Medicare has laid out specific obligations for the handling, use, and accounting

All rights are reserved

You are taken to the page and can review the context in which the numbers were used and decide which is correct.

# Takeaways



# Takeaways

- Assess your current policies and protocols
- Automated services will help improve WCMSA protocol adherence
- Accurate identification and reporting of the TPOC/WCMSA data fields is critical
- Settlement language is as important as ever
- Verisk has the solutions to help you simplify workflows and compliance

# Resources

Learn more about Verisk's automated MSA reporting solutions!



## MSA Link

**Get the right MSA at the right time**

The Centers for Medicare & Medicaid Services (CMS) is expanding the Section 111 Total Payment Obligation to Claimant (TPOC) reporting process.

Starting in 2025, Responsible Reporting Entities (RREs) will be required to report several data points related to Workers' Compensation Medicare Set-Aside (WCMSA) for all workers' compensation settlements involving Medicare beneficiaries. RREs will need to report a WCMSA amount on every claim involving a Medicare beneficiary regardless of whether the WCMSA was submitted to CMS. This includes:

- Non-submit MSA
- Evidence-based MSAs (EBMSAs)
- Cases where no MSA was allocated (even if the amount is \$0)

For the first time, CMS is going to know exactly what you allocated for every claim, or if you did not get an allocation on that claim at all. As a result, it is more important now than ever to establish specific protocols for what type of allocation each claim should receive based on your risk tolerance.

**Why this matters for insurers**

CMS will now have full visibility into your MSA practices. This means:

- Increased scrutiny:** CMS can review any MSA, even those below the \$25,000 threshold.
- Potential for audits:** If CMS questions your MSA decisions, you may be subject to an audit.
- Risk of penalties:** CMS reserves all enforcement recourses including possible False Claims Act actions.



## Data Driven MSA

**Automating MSA allocations to improve compliance**

Effective April 4, 2025, the Centers for Medicare & Medicaid Services (CMS) will require Section 111 Responsible Reporting Entities (RREs) to report specific Workers' Compensation Medicare Set-Aside (WCMSA) data for all workers' comp settlements involving Medicare beneficiaries. This applies to Total Payment Obligation to Claimant (TPOC) reporting, regardless of whether the claim meets CMS's previously established WCMSA review thresholds.

**The implications are significant**

- If the WCMSA data is missing, new error codes will be triggered, and the claim in your quarterly submission may be withheld or rejected by CMS. This could lead to a Civil Money Penalty (CMP) if the claim is not updated and reported successfully within one year of the TPOC Date.
- If claims with errors are withheld from reporting as with Verisk's MSP Navigator, WCMSA data must be entered promptly to avoid untimely reporting and potential CMPs.
- Reporting \$0/no MSA completed for claims below CMS's previously established "review threshold" of \$25,000 could trigger a CMS audit to determine if the \$0 allocation for future medical expenses is appropriate.

**Use Verisk automation to improve compliance and efficiency**

CMS's requirement to report WCMSA information on every TPOC involving a Medicare beneficiary creates unique challenges for low-dollar settlements:

- Cost: Obtaining a full MSA may be cost-prohibitive.
- Perception: Reporting a \$0/no MSA may generate concern from CMS that their interests have not been adequately represented on certain claims, leading to an audit.
- Time: Requiring claims handlers to independently assess, and potentially allocate, is time-consuming and can lead to inconsistent approaches to allocations and documentation.

**Compliance consideration points**

Documenting your claim file with an MSA that considers Medicare's future interests is crucial. Key compliance points to consider:

- CMS's WCMSA established review thresholds are not safe harbors. WCMSAs may be appropriate in non-threshold situations.
- CMS reserves the right to review and audit \$0 MSA reports.
- CMS may use all available means to enforce compliance, including the False Claims Act.



## Automation Blog

**Why Automation is Essential Under the New WCMSA Section 111 Reporting Requirements - and How Verisk is Leading the Way**

By Maureen Burnham, J.D. | OCTOBER 22, 2024 | 3 MIN READ

With the April 2025 CMS updates to Section 111 (S111) Mandatory Reporting, claims organizations are facing a new era of complexity. The expanded requirements for **Workers' Compensation Medicare Set-Aside (WCMSA) data reporting** - along with stricter enforcement and audit protocols - are pushing many teams to rethink how they manage compliance.

**You May Also Like**

- APRIL 23, 2025: CMS Discusses TPOC/WCMSA Reporting Issues - Webinar Summary
- APRIL 24, 2025: CMS Releases Section 111 MSP User Guide (Version 8.4)
- APRIL 15, 2025: CMS Releases New WCMSA Reference Guide (Version 4.5)

**The challenge: Rising complexity meets shrinking bandwidth**

The new S111 reporting directives require detailed WCMSA data in TPOC reports, including:

- MSA amount and period
- Medical types (ump, dm, vs, structured)
- Initial and Annual Disputes

Medicare 2026 Watch List Report

# Download the report!

[Medicare 2026 Watch List Report: Connecting the Data Dots to Meet New Compliance Challenges](#)



# Questions?



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