



Indemnified EBMSA

# Reduce Costs, Settle More Claims, and Stay Protected

## Medicare Set-Asides affecting settlement costs

Rising future medical costs and increasingly complex requirements of the Centers for Medicare and Medicaid Services (CMS) are affecting the pricing of services and medications within Medicare Set-Aside (MSA) allocations. Generally, complete compliance and cost containment are achievable through CMS's voluntary MSA review process.

However, there are instances where submission of an MSA for CMS review isn't the best approach to facilitate a fair and equitable settlement for all parties. At an individual claim level, this may be a result of CMS's rigid methodology. From a programmatic perspective, it could relate to the risk tolerance of the parties. When CMS review isn't the best option, a unique approach with an indemnified Evidence-Based Medicare Set-Aside (iEBMSA) can achieve compliance, full resolution, cost containment, and post-settlement protection.

## Get accurate MSA costs and post-settlement protection

Claim costs can easily spike with Medicare allocating funds for future medical services that may include an unreasonably high volume of future treatments, costly medications, or services that extend beyond the recovery period. If parties determine a formal MSA or CMS submission is not warranted, an Evidence-Based Medicare Set-Aside (EBMSA) may be appropriate.

Instead of a strict, formulaic approach, an EBMSA customizes the future medical considerations for each situation, considering the efficacy of long-term prescriptions and the likelihood of the claimant's treatment regimen evolving. Based on expert medical analysis and medical principles driven by Official Disability Guidelines (ODG), we design a fair allocation that ensures you pay only what is medically expected to be used. Compared with traditional MSAs, EBMSAs often lead to faster settlements and lower costs.

## Post-settlement protection provides added security

For parties seeking additional security for non-CMS approved MSAs, our iEBMSA adds post-settlement protection for our advocacy-driven EBMSAs.

- Indemnification for both the carrier and the claimant if CMS determines there is an error leading to a denial of payment for Medicare-covered injury related treatment
- Provides additional peace of mind to the parties
- Aligns Section 111 reporting WCMSA and TPOC reporting data
- May be combined with Professional Administration for additional protections
- Requires certain coordination with the WC settlement process to trigger protections



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## Features and high-level requirements

Verisk is uniquely positioned to help you achieve compliance and cost savings with our legal, medical, and technology expertise.



Step 1

### Complete EBMSA

Appropriate for 6 months unless there is a significant change in treatment



Step 2

### Prior to Finalizing Settlement

Provide notice of pending settlement and a copy of draft settlement docs



Step 3

### Verisk

EBMSA Addendum, EBMSA Agreement, and complete CP services



Step 4

### Settlement

Includes EBMSA addendum provisions and applicable S.111 reporting data



Step 5

### Post-settlement

Provided once all necessary settlement and program documentation is provide to Verisk

- Professional Administration is highly recommended but not required
- Excludes settlements >\$1M
- EBMSA cannot be submitted to CMS
- Protects both the Carrier and Claimant



## Ask for a consultation today

To learn more about our iEBMSA, please contact:

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