



Data-Driven MSA

Automating MSA allocations to improve compliance

The Centers for Medicare & Medicaid Services (CMS) will now require Section 111 Responsible Reporting Entities (RREs) to report several Workers' Compensation Medicare Set-Aside (WCMSA) data points for all workers' compensation settlements involving Medicare beneficiaries as part of Total Payment Obligation to Claimant (TPOC) reporting.

Non-submit WCMSAs, evidenced-based MSAs (EBMSAs), and non-threshold WCMSAs (MSAs included in settlements that don't meet CMS' \$25,000 WCMSA review threshold for Medicare beneficiaries) must be reported. Insurers will even have to report if no WCMSA is included.

Compliance consideration points

Key compliance points to consider include:

- CMS will now have visibility into the parties' use (and non-use) of WCMSAs
- CMS' WCMSA review thresholds are not safe harbors—WCMSAs may be appropriate in non-threshold situations
- Non-submit WCMSAs and EBMSAs are reportable
- CMS reserves the right to review and audit \$0 MSA reports
- CMS has indicated that it may use all available means to enforce compliance, including the False Claims Act

Benefits of Data-Driven MSA



Ensures consistent process and protocol adherence



Fast turnaround time



Cost-effective



Fuels new MSA TPOC reporting requirements



Can be used separately or in conjunction with our MSA Link service



Data-Driven MSA: Using automation to improve compliance

With CMS having visibility into WCMSAs, it's more important now than ever that insurers consider if an MSA is right for every claim they settle involving a Medicare beneficiary.

This presents two challenges:



For some claims, the MSA ends up being cost-prohibitive in settling the claim, meaning the carrier has lost time and money on an MSA that cannot be recovered.



For low-dollar claims, the cost of obtaining the MSA is disproportionate to the claim itself.

Verisk's Data-Driven MSA service is fully automated, leveraging our unparalleled medical, legal, and data science expertise in conjunction with our expansive claims data sources. This allows for a quick, low-cost allocation that can be used to determine if an MSA would prevent the claim from settling or provide an accurate, data-driven number to report on low-dollar claims. Our Data-Driven MSA service is customizable to meet insurers' specific compliance protocols and can be used separately or with our MSA Link service.

Workflow

This solution automates Verisk's medical, legal, and data science expertise to analyze claim specifics and rapidly calculate an accurate, low-priced allocation for insurers who would like to evolve their allocation protocols in response to CMS requirements cost-efficiently.



S.111 response file



Key claims data

Data-Driven
MSA

Find out more

For more information about Verisk's Medicare Compliance Solutions, please contact:

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