Verisk™

Conditional Payment and Lien Resolution solutions

Pay what you owe — and nothing more

Traditional Medicare

Our advocacy and experience help you reduce CMS recovery claims and reduce risk

Medicare is secondary to liability, workers' compensation, and no-fault insurance coverage. A payment from Medicare as a secondary payer creates a "conditional payment" with priority right of recovery. Failure to properly reimburse Medicare for its conditional payment may lead to the application of interest, Treasury action, offsets, and even double damages. The stakes are significant and real when dealing with Medicare conditional payments.

With the right advocate and process, you can save money, mitigate exposure, and ensure prompt claims resolution. As an industry leader in helping insurers navigate the requirements of the Centers for Medicare and Medicaid Services (CMS), we're uniquely positioned to help you achieve proper compliance with Medicare Secondary Payer (MSP) contractors for all lines of business while also delivering maximum savings.

We have solutions to meet each program's unique needs.

Verisk's solutions

Gain program efficiency and consistency with an integrated and holistic process: CP Link

We understand that an ad-hoc, reactive approach to Medicare recovery claims is disjointed, causes compliance gaps and time delays, and strains adjuster resources. Medicare uses your Section 111 data to drive conditional payment recovery, so we developed CP Link®, a unique service that leverages that same Section 111 data to initiate, monitor, and resolve conditional payment recovery exposure.

Through this process, CP Link provides the following benefits:

- Speeds up the conditional payment process by automatically identifying claims for compliance, according to your established protocols at every decision point
- Ensures complete compliance by handling conditional recovery immediately and monitoring until responsibility terminates
- Provides unprecedented insight and visibility
- Saves time in the process (Remove this bullet, it's redundant)
- Conserves resources
- Maximizes cost mitigation and exposure-reducing opportunities
- Leverages both Section 111 reporting and the PAID Act data through an optional add-on service to ensure recovery claims alleged by MAPs or Part D plans are addressed

Get real results:

- 35–65 days* reduction in claim cycle timing
- 1.5 adjuster hours* saved per claim
- More than $115M saved in conditional payment disputes in 2023—and more than $350 million over the last three years
- 97% reduction* in Medicare liens via disputes

*Figures are approximate.

As stated by one of our clients after getting a $2 million savings report for a single quarter:

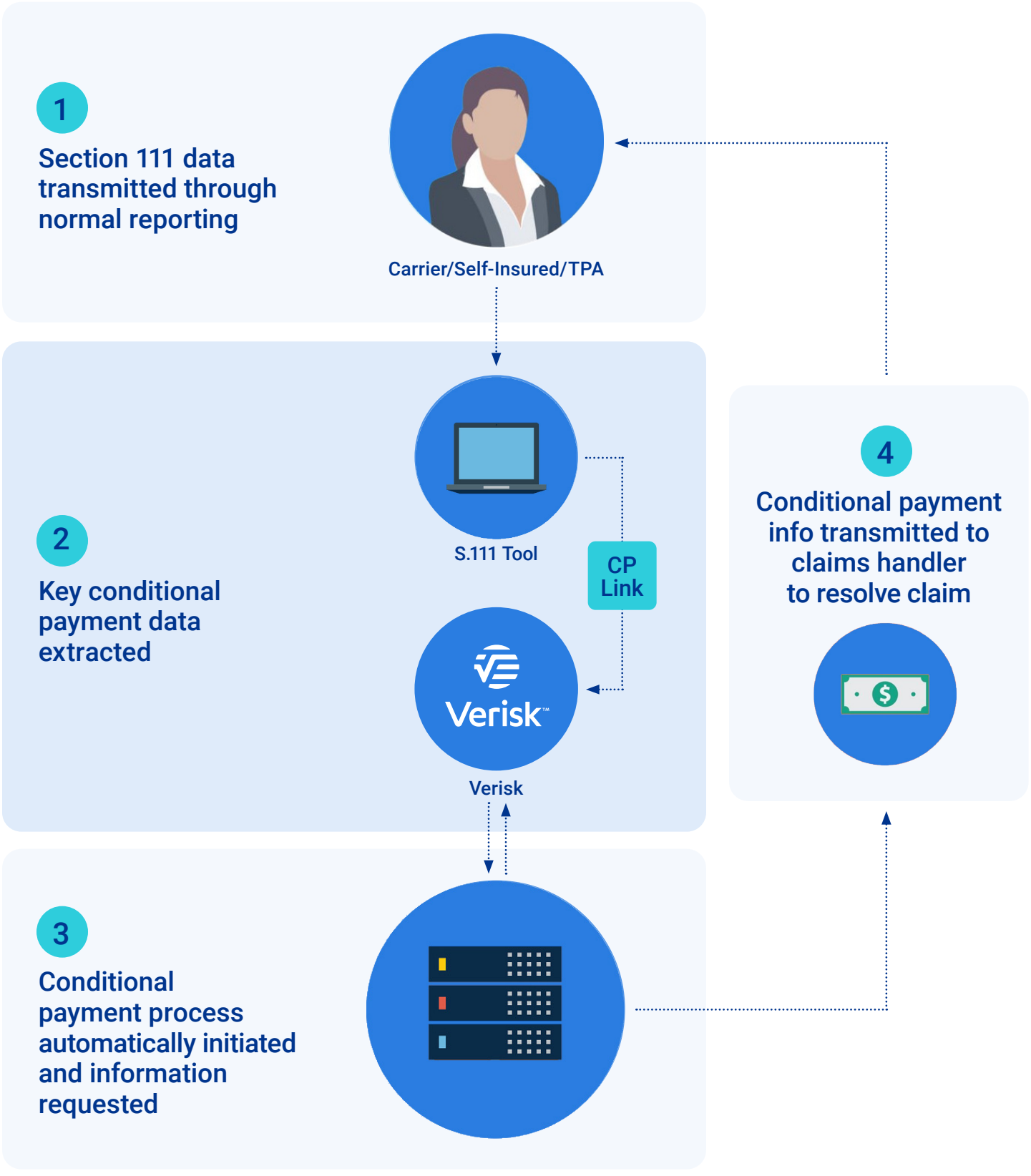
"Using Verisk' CP Link program to complete our Medicare compliance process, we achieved a 318% ROI (and a total savings over $1.19M for the program year). These are just the measurable savings, which are significant!

It is also important to realize this does not represent our total savings. Ensuring CMS compliance is time-consuming, and adjusters are not Medicare experts. If adjusters were doing this on their own and did by chance achieve the same monetary results, that savings would be offset by the added time needed to handle the process. While I cannot quantify that savings in solid numbers, a conservative estimate would be an additional 30%-50%. Utilizing Verisk services allows adjusters to focus on adjusting the claims and providing the service levels that support our mission. It is multiple wins for us."

- Sr. Manager, WC Claims (nationally recognized WC Carrier)

How it works

CP Link helps you address Medicare exposure programmatically with a proactive approach to challenge and reduce inappropriate Medicare recovery claims.



How CP Link is different

Capabilities	CP Link Program	Ad-Hoc Conditional Payment Services	Other Provider's Conditional Payment Programs
One-time, low, flat fee per claim for the life of the claim	✓	Not included	Not included
Automatic referrals directly from S.111 data feed	✓	Not included	Not included
Registration with MSP contractor	✓	✓	Additional cost
Obtain authorization and request conditional payment letter	✓	✓	Additional cost
Conditional payment analysis	✓	✓	Additional cost
Dispute conditional payments	✓	✓	Additional cost
Multiple rounds of disputes	✓	Additional cost	Additional cost
Update conditional payment amount	✓	Additional cost	Additional cost
Review settlement agreement	✓	✓	Additional cost
Obtain final demand	✓	Additional cost	Additional cost
Final demand analysis	✓	✓	Additional cost
Post-settlement appeal	✓	Additional cost	Additional cost
Subsequent post-settlement appeal	✓	Additional cost	Additional cost
Reporting capabilities of conditional payment data showing exposure at the macro/micro level	✓	✓	Not included

Streamlining the recovery process: CP Assist

Our CP Assist tool uses a programmatic approach for handling Medicare conditional payment claims.

CP Assist includes:

- Recovery agent with optional mail routing service
- Treasury monitoring
- Open Debt Report review and resolution
- Direct adjuster referral
- Audit to ensure compliance at Total Payment Obligation to Claimants (TPOC) and Ongoing Responsibility for Medicals (ORM) termination

Expedite recovery agent/mail routing

Improve efficiency and free up adjuster resources by having all Benefits Coordination & Recovery Center (BCRC) and Commercial Repayment Center (CRC) correspondence routed to Verisk. This lets us quickly analyze, review, and automatically dispute liens on your behalf based on reported data when applicable.

Let us help you build your program

If a programmatic solution doesn't align with your compliance needs, we also obtain liens and perform conditional payment dispute and appeal services on a case-by-case referral basis. When needed, we can obtain liens and challenge and reduce Medicare's demands for reimbursement by bringing a medical and legal approach to investigating, negotiating, and resolving Medicare conditional payments.

Take the right steps to avoid U.S. Treasury Department Collections

The costs related to Treasury demands are high and affect you as a primary payer. If a final demand goes unpaid, this debt may be referred to the U.S. Department of the Treasury for collection, or funds could be intercepted through the Treasury Offset Program. When a case is referred to Treasury, you must act quickly to avoid interest accrual and further collection efforts. It's important to note that the Treasury Offset Program can garnish funds from the insurer and beneficiary, even while the parties contest the debt's validity.

Verisk's team of Medicare experts will help you avoid Treasury collections and resolve any Treasury claims (including Treasury offsets) that arise. Our lien services team specializes in complex investigations and disputes. This expert team is highly experienced in working with Treasury, private collection agencies (PCAs), and CMS to resolve Treasury demands and programmatically address potential Treasury exposure that hasn't yet reached your organization.

Even if a Treasury debt is offset or a Medicare case is paid and closed, you don't have to give up the fight. Verisk may be able to obtain a refund using our Recovery Reversal service. Let us know if you have Medicare cases where a Treasury offset occurred or payment was made to Medicare or Treasury for a debt you don't believe you owed. Verisk will analyze for dispute potential and, if possible, work to get you a refund.

Through our Treasury service, we:

- Conduct research to determine the validity of the debt presented
- Run a comprehensive analysis of the debt being sought
- Facilitate communication between you and Treasury/private collection agencies
- Develop a programmatic approach to addressing pending Treasury exposure
- Assist your organization in streamlining compliance and implementing best practices to mitigate against further Treasury action
- Enroll you in the G2G program, which provides automatic Treasury alerts to ensure immediate notification of future Treasury referrals of offsets

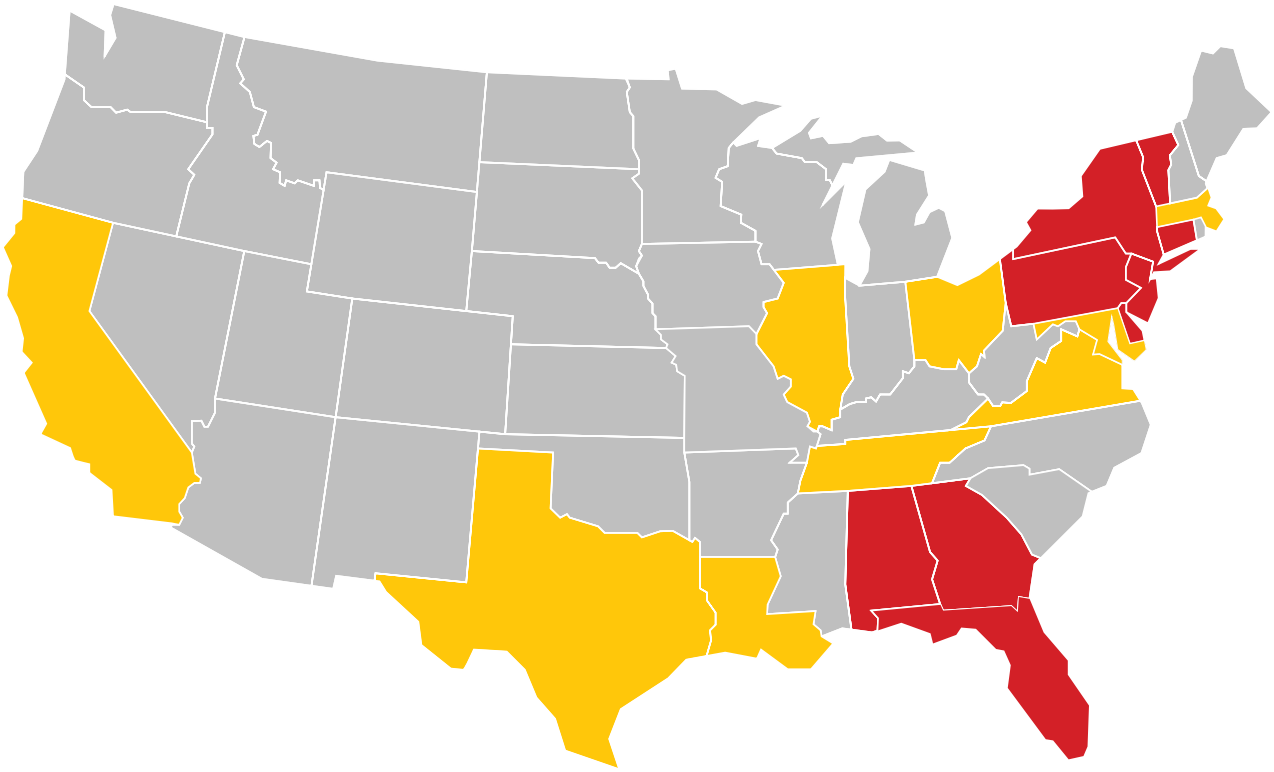
Medicare Advantage Plans

Avoiding "double damages" to stay compliant

Currently, 51% of all Medicare beneficiaries nationally are enrolled in a Medicare Advantage Plan (MAP)—and in some states, this rate is significantly higher. As MAP enrollment increases, so have MAP recovery claims directly impacting all insurers. Not only are MAPs more aggressively asserting their recovery rights, they're also pursuing insurers for "double damages" recovery. As MAPs more aggressively pursue recovery claims, it's critical to understand that MAPs have recovery rights. In a growing number of jurisdictions, courts are ruling that they also can sue for double damages.

Critical rulings for insurers

U.S. District Courts for California, Connecticut, Illinois, Louisiana, Maryland, Massachusetts, Ohio, South Carolina, Tennessee, Texas, and Virginia have found that MAPs can sue claims payers for double damages under the MSP Act.



In the **red states**, based on rulings from the U.S. Circuit Courts of Appeals, MAPs have strong recovery rights: they can sue for double damages if their claims are not properly addressed. Any insurer that receives a MAP demand or recovery letter from a plan in these states should proactively address the plan's claim before settlement.

In the **yellow states**, certain federal district courts have ruled or indicated that MAPs can sue insurers for double damages. Accordingly, if you receive a MAP demand or recovery letter in one of these states, consider addressing the matter.

In the **gray states**, courts have not yet addressed whether MAPs have private cause-of-action rights under the Medicare Secondary Payer (MSP) Statute; nonetheless, MAPs may have recovery rights under the MAP statutes and regulations.

As noted on the previous page, over the past decade, MAPs have become more aggressive in asserting recovery rights, including seeking double damages under the MSP Act's private cause of action statute. For example, the U.S. Circuit Courts of Appeals for the Second Circuit (CT, NY, and VT), Third Circuit (DE, NJ, PA, and U.S.-VI), and Eleventh Circuit (AL, FL, and GA) have all ruled that MAPs can sue insurers for double damages. Of note, the Second and Eleventh Circuits also levied double damages against the insurers as part of their rulings. In addition, several United States District courts have also ruled that MAPs can use the private cause of action statute against insurers.

We've got you covered when it comes to MAP demands

When it comes to MAP recovery claims, a one-size-fits-all compliance model, which many solution providers offer are pushing, simply doesn't work and could even increase exposure. We understand the intricacies of MAP recovery issues and have comprehensive strategies for responding to MAP recovery claims:

- Consultations to help you determine what to do when a MAP sends you a recovery letter
- Investigations to determine your potential MAP exposure
- Negotiations/disputes to reduce MAP recovery claims
- Creating specific, targeted MAP protocols to meet your compliance objectives
- Incorporating the PAID Act as part of best practices, either on an ad-hoc basis or as an optional add-on feature to CP Link to automate the process for holistic compliance

Using the PAID Act to build a holistic MAP compliance program

The Provide Accurate Information Directly Act (PAID Act) went live on December 11, 2021. This law provides insurers with a unique opportunity to address and resolve Medicare Advantage and Part D recovery claims proactively to reduce liability. Under the PAID Act, CMS provides insurers with key information and data points regarding a claimant's Medicare Advantage (Medicare Part C) and Medicare Part D (prescription drug plan) enrollment.

With all this data now made easily available, the last key to success for insurers is making that data actionable. With our CP Link PAID Act add-on component, insurers now have a programmatic approach to MAP and Part D compliance. Built on our reliable approach to traditional Medicare recovery claims, the CP Link add-on leverages both Section 111 reporting data and the new PAID Act data to ensure that any recovery claims alleged by MAPs or Part D plans are addressed.

By linking the Section 111 and PAID Act data to our team of recovery claim experts, this feature provides insurers with a proactive, holistic strategy to address MAP and Part D recovery claims. With CP Link, insurers can be assured of complete compliance while driving down costs. This optional add-on component to our CP Link program can help you take control of Medicare Advantage and Part D recovery claims.

“The other M”—Medicaid

Expert consultation and lien identification for Medicaid and Medi-Cal compliance and savings

Protect your bottom line while staying compliant with Medicaid recovery changes. Our team of Medicaid experts can assist with resolving Medicaid recovery claims regardless of the jurisdiction. Additionally, our proprietary data exchange with the State of California makes it easy for you to identify Medi-Cal beneficiaries accurately. Programmatically automating the identification and lien resolution process helps streamline your workflow, mitigate risk, and facilitate claims resolution.

Our approach:

- Medicaid lien identification and resolution
- Expert-led consultation for Medicaid compliance
- Identification of correct vehicle(s) for compliance, especially in difficult liability claims
- Collaboration with your counsel and claims staff to ensure full Medicaid compliance

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

1.866.630.2772 / CasualtySolutions@verisk.com / verisk.com/casualty-solutions

Verisk™