



Laser-focused on improving casualty claims outcomes

Combining claims, clinical, and technical solutions with an industry leading bench of experts



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Introduction

Empowering insurers to navigate today's evolving risk landscape

Verisk offers expansive data-driven solutions tailored to address the complexities of modern claims. Backed by proprietary data, advanced analytics, and a team of seasoned experts, we guide insurers towards streamlined and cost-effective claims outcomes.



I. Medicare and Medicaid Compliance

Maintaining compliance amidst constantly evolving CMS policies can be challenging. The stakes are high, with potential Section 111 civil money penalties and other liabilities including conditional payments and Treasury actions. Claims teams must navigate complex future medical demands and allocate funds for claim-related care while maximizing cost-saving opportunities. Verisk offers the solutions your team needs to navigate these challenges seamlessly and mitigate rising costs.



Medicare Section 111 Reporting and Cost Mitigation Plus Medicaid Compliance Support

MSP Navigator®

Meet your Section 111 reporting obligations accurately and easily. This robust MSP (Medicare Secondary Payer) management tool provides clear visibility into Section 111 reporting, MSP compliance, and risk avoidance. The intuitive, customizable, and user-friendly interface helps you proactively manage compliance while saving time and ensuring accurate reporting. Integration options are available for customers with ClaimSearch® as well as API integrations with many of the leading claim systems. Includes use of MSP Analyzer, our real-time analytics dashboard, which maximizes your Section 111 reporting capabilities and provides actionable insights into your entire Medicare Secondary Payer (MSP) compliance program with us.

MSP Analyzer

MSP Analyzer provides a real-time analytic dashboard of your Section 111 Reporting program that simplifies oversight and management of Section 111 data. Access to MSP Analyzer is available with your MSP Navigator subscription. Maximize your Section 111 reporting capabilities and gain actionable insights into your holistic Medicare Secondary Payer (MSP) compliance program to mitigate risk. The result: claims that are settled efficiently, accurately, and with confidence.

Section 111 Audit

A comprehensive report with detailed recommendations helps you assess your Section 111 compliance practices and helps you identify and rectify any deficiencies in your processes.

Social Security Disability Insurance Status Check

Assistance with obtaining the necessary authorization forms to request claimant SSDI information and contacting the local Social Security Administration Office to obtain the claimant's Medicare and Social Security Disability status.

Medicare Instant Eligibility Check

An off-cycle Section 111 query to quickly determine an individual's Medicare status and verify whether they are a Medicare beneficiary.

Missing Data Smart Search

Trigger a public records search to identify pertinent and required claimant information, including social security number and date of birth. Reduce your claimants' outreach efforts and ensure compliance on every file.



Conditional Payment Recovery Services

Automated Recovery Resolution: CP Link®

A streamlined and cost-effective solution that integrates Section 111 reporting and Medicare conditional payments, CP Link® automates the conditional payment compliance process to mitigate risk while optimizing resolution savings.

CP Link Add-On: Medicare Advantage and Part D Recovery Claims Service

This optional add-on service can help you take control of Medicare Advantage and Part D recovery claims. Built on our reliable approach to traditional Medicare recovery claims, this service 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.

Conditional Payment Dispute and Appeal Services (Ad Hoc)

A programmatic approach is recommended, but any conditional payment lien can be handled on a case by case basis by Verisk to ensure successful resolution. Challenge and reduce Medicare's demands for reimbursement of conditional payment claims by bringing a medical and legal approach to investigating, negotiating, and resolving Medicare liens.

Recovery Reversal

Even if Medicare has been paid – either voluntarily or through a Treasury Offset – you may still have options. If there are situations where you've made payment for a Medicare demand you didn't feel you owed, or had a Treasury Offset applied to a claim, our team of experts can review the Medicare case to determine if a refund can be obtained, even if the case is now closed at Medicare. Our team will file an appeal and work to obtain any applicable refund.



U.S. Department of Treasury Services

Work with a team of conditional payment experts who help you avoid the U.S. Department of Treasury's collections and resolve any Treasury claims (including Treasury offsets) that arise. Proactive, programmatic Treasury notification services are available as well as case-by-case Treasury resolution.

Medicare Advantage Plan Services and Medicare Part D Plan Services (Ad Hoc)

A team of experts helps you navigate the complex world of Medicare Advantage Plans by identifying and resolving matters promptly and efficiently. This service includes both Medicare Advantage Plan Services and Medicare Part D Plan Services (prescriptions drugs). With the PAID Act now live, we also offer programmatic and automated options to ensure compliance and mitigate risk.

Medicaid Compliance Services

Protect your bottom line while staying compliant with Medicaid recovery changes. A team of Medicaid experts can assist with resolution of Medicaid recovery claims regardless of the state. For Medi-Cal beneficiaries in California, automated identification and resolution options are available.



Future Allocation Services

Medicare Set-Aside (MSA) Allocation

This service includes a Medicare Set-Aside allocation report, medical and legal review, rated age, legal analysis letter, Medicare status check, and settlement language review and revision. We partner with our clients to proactively eliminate cost drivers in MSAs with CMS submission and CMS rebuttal options also available as needed.

MSA Link

Ensure adherence to protocols with a data-driven approach to future allocations. MSA Link utilizes existing Section 111 data to identify when a claim necessitates a Medicare Set-Aside (MSA) in accordance with client specific protocols. Automate the process to ensure compliance, mitigate risk, and save adjuster time.

Data-Driven MSA

Leveraging unparalleled medical, legal, and data science expertise, Verisk has created the first analytical Data-Driven Medicare Set-Aside (MSA). Verisk's Data-Driven MSA is a fully automated MSA that is delivered to you accurately, quickly and at a low-price point. The Data-Driven MSA is perfect for low dollar Workers Compensation settlements involving a Medicare beneficiary. The Data-Driven MSA is generated without human intervention and based on each claim's data coupled with Verisk's medical, legal and data insights.

Pre-MSA

A unique and cost effective "snapshot" of the potential MSA cost drivers allows for additional intervention before the full spend of an MSA.

Amended Review / MSA Second Look

This consultative approach helps maximize your one chance at obtaining an Amended Review from CMS— and gain savings for eligible claims.

Medical / Legal Zero Allocation

In certain cases, setting no money aside from a workers' compensation claim to consider Medicare's interest can be appropriate. Since CMS will no longer accept submissions or review "zero-dollar MSAs" beginning on July 17, 2025, it is critical to make the proper analysis and document the file to protect the parties. Based on the medical and/or legal facts of the case, our experienced legal team will make case-specific arguments for a zero-dollar MSA to support the claim file, the settlement, and the WCMSA/TPOC reporting obligations.

WCMSA CMS Submission

We will coordinate WCMSA submittals for your team, saving your organization time and money on processing. We'll also work to accelerate MSP compliance steps and help you resolve claims faster.

Strategic MSA

Verisk's Strategic MSA is an effective tool to evaluate risk and avoid ceding the initiative to Medicare in the WCMSA approval process. Through a strategic approach, Verisk will work with you to develop arguments to present a WCMSA value that aligns more closely with the injured workers' actual treatment status and recommendations. We'll also provide the potential and likely WCMSA value that CMS would approve based on their current pricing guidelines and trends.

By presenting a lower, more reasonable WCMSA value supported by medical and legal evidence, the approved amount may still facilitate settlement, even if CMS counters. Additionally, by including all applicable arguments in the initial submission, our Strategic MSA approach provides opportunities to dispute CMS' WCMSA practices through re-review.

Evidence-Based Medicare Set-Aside (EBMSA)

When CMS submission is not an option, parties can still consider and ensure Medicare's interest is protected. The EBMSA offering calculates the claimants' future medical treatment using a combination of evidence-based medicine principles, medical treatment guidelines and standards, judicial rulings, physician recommendations, and the injured worker's treatment utilization over the course of the two most recent treatment years.

Indemnifiable EBMSA (iEBMSA)

iEBMSA provides flexibility, increased savings, and post-settlement safeguards. This service is designed to bridge the risk for claimants and insurers that choose to forgo submitting a formal MSA to CMS for review and approval. It combines a proven advocacy-driven approach to EBMSAs with post-settlement protection.

Under-Threshold MSA

An accurate and lower cost allocation intended for low dollar settlements which do not meet the current CMS WCMSA review thresholds. Provides for a medical summary and analysis based on a review of the last 6 months of available treating records.

Professional Administration

Verisk partners with Ametros to offer best-in-class professional administration services. This allows claimants to easily handle their future medical funds and provides them with practical resources to maximize care dollars.

Rated Age Service

A comprehensive review of medical records provided to identify a claimant's co-morbid conditions in order to obtain a rated age and calculate the claimant's adjusted life expectancy which may reduce the frequency of future treatment in an MSA.

Nurse Review Services

Medical Cost Projection (MCP)

Our nurses use their vast clinical and insurance experience to analyze the medical records and provide you with an assessment of future medical costs associated with the claim to help assess medical cost exposure for reserves and settlement analysis.

Liability Nurse Review (LNR)

This report provides objective analysis and expert opinion regarding necessity of the treatment and recommendations rendered along with literature to support the opinion.

Provider Outreach Services

Proactive treatment evaluation with clinical/legal expertise Record Acquisition

We'll obtain patient records that can help reduce MSA allocations and streamline the process.

Cost Mitigation

We will clarify treatment recommendations directly with the applicable provider and review options with the treating physician to drive down MSA costs.



II. Workers' Comp Reporting and Analysis



EDI reporting with advanced analytics for superior compliance

The fast-changing world of workers' compensation data reporting and analysis requires a solution suite that can keep up—especially in light of IAIABC's new Electronic Data Interchange (EDI) 3.1 release. We have the industry's largest team of EDI experts and a suite of comprehensive products to support all essential analytical, compliance, and EDI reporting needs. Let us handle the complexities of reporting, so your team can focus on managing claims.

wcPrism®

Our complete suite of workers' comp EDI compliance reporting products for insurers includes injury reporting (FROI/SROI), unit statistical reporting (USR), detailed claim information (DCI), policy reporting (WCPOLS & POC), medical reporting, as well as the new indemnity data call (IDC). Streamline and simplify regulatory reporting with a single data feed.

wcAnalyzer™

There's tremendous value in your workers' comp data, and this system provides states and insurers with actionable insights to make broad improvements and even benchmark trends. wcAnalyzer uses the data from wcPrism® to help insurers monitor compliance performance and discover where claims dollars are going—from medical costs to claim leakage.

wcCapture™

This cost-effective claims and medical data collection and compliance monitoring system is the premier solution to help states move from paper to electronic or to new IAIABC release standards. The data collected within wcCapture™ can be reviewed in wcAnalyzer™ to give states a clearer picture of workers' comp trends, help them respond to legislative requests in real time, and uncover their medical spend costs.

III. Workers' Comp Severity Analytics

Analytic solutions to control costs and gain efficiencies

Proactive claims management requires claims departments to stay ahead of costly, complicated claims—before they spiral out of control. Our predictive analytics tools are designed to arm you with the information you need, when you need it, in order to drive improved outcomes.

wcNavigator®

This tool uses sophisticated analytics to identify the best course of action for each claim by providing severity scoring, along with score drivers and pharmacy alerts—from first notice of loss through claim closure.



IV. Liability Determination and Bodily Injury Assessment

Liability Navigator®

Achieve consistent settlements, accurate liability assessments, and improved subrogation recovery on liability claims. Leverage predictive modeling and interactive dashboards to deliver powerful analytics and insights, driving more consistent settlement amounts and ensuring your company pays only what's owed.

Demand Package Review

This solution set elevates the Demand Package Review process through seamless integration with Liability Navigator, Discovery Navigator, Liability Nurse Review, and our advanced anti-fraud capabilities. This integration provides adjusters and claims handlers with the tools needed to process demand packages with unmatched efficiency and precision. Hosted on the Liability Navigator platform, our ecosystem streamlines key tasks including medical record analysis, fraud detection, and settlement evaluation. This leads to substantial time and cost savings, thanks to enhanced injury assessments and more effective settlement negotiations.



V. Medical Record Review Automation

Discovery Navigator™

Enhance the speed and accuracy of decision-making on bodily injury claim files with Discovery Navigator. Utilizing AI, Discovery Navigator automates the identification and extraction of key information from unstructured documents, generating comprehensive file summaries and organized, indexed reports for review. Available as a standalone tool or seamlessly integrated into various workflows via APIs, Discovery Navigator reduces the time and costs associated with administrative tasks.

Here's how it can help:

Workers' Compensation Claim Handlers

Enhance the identification of related and unrelated medical treatments, enabling quicker wellness and return-to-work processes. Identify opportunities for early claim settlement and improve the experience for injured workers by equipping adjusters with critical information to swiftly authorize medical requests. Additionally, leverage our wcNavigator to immediately identify claim severity.

Liability (Bodily Injury) Adjusters

Improve the consistency and management of injury claims, even in complex cases, by immediately identifying pre-existing conditions or multiple injuries. Streamline the review of large demand packages by identifying and extracting ICD and CPT codes, and make more effective settlement decisions through integration with Liability Navigator.

Legal Nurse Consultants

Efficiently locate and interpret essential medical information to deliver high-quality work products and reports for attorneys. Analyze medical documentation to identify confounding variables and alternative causation.

Medical Analysts

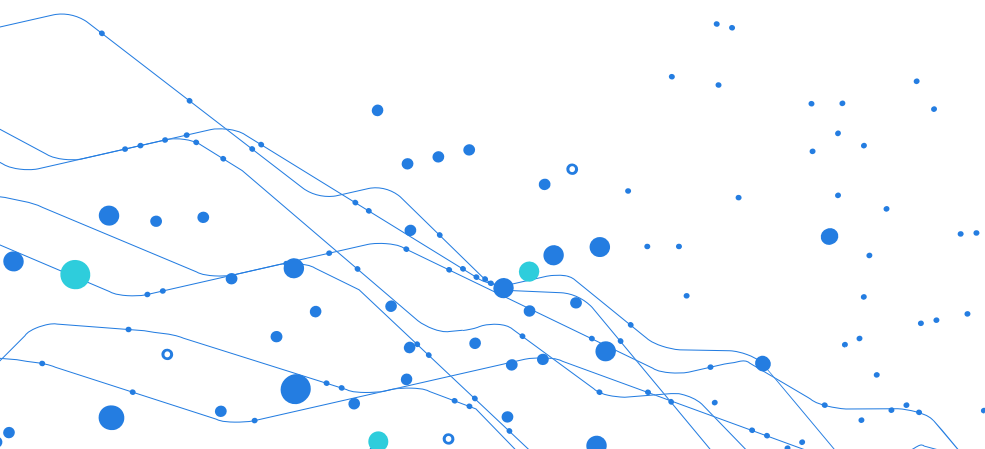
Obtain a thorough overview of causation and treatment appropriateness in liability claims by quickly identifying pertinent information, such as dates of service, comorbidities, and injured body parts. This enables the creation of detailed and accurate claim analyses.

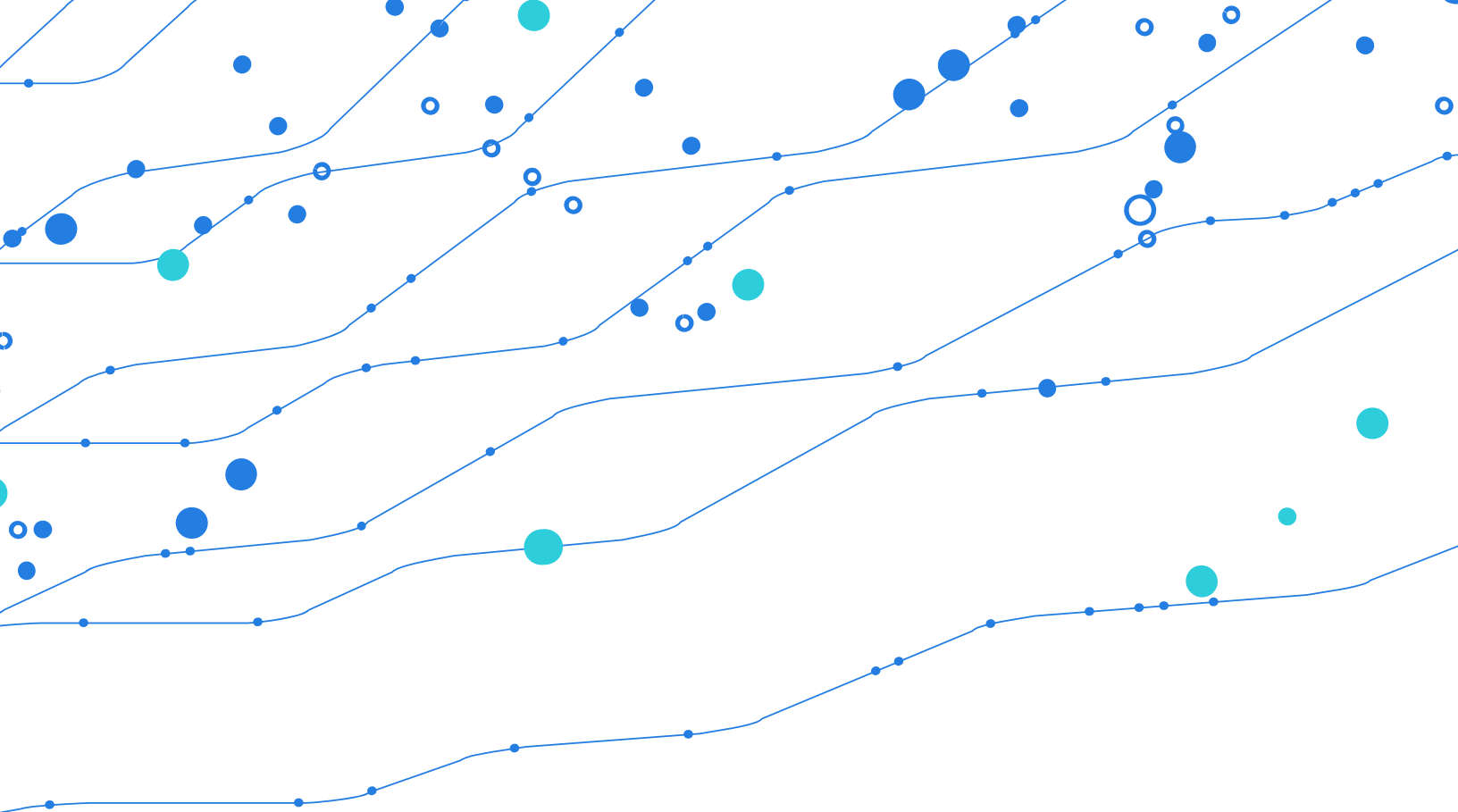
Chief Compliance Officers and Compliance Managers

Prevent substantial civil monetary penalties with Section 111 reporting requirements by automating the identification of newly required Workers' Compensation Medicare Set Aside (WCMSA) fields within settlement agreements and relevant ICD-10 codes to ensure accurate and timely reporting.

Law Firms

Equip your staff with tools to instantly organize medical files, eliminate duplicate documents and expedite the injury review process.





Find Out More

For information about how we can assist you with managing claims and compliance, cost mitigation, or claims analysis, please contact:

 +1.866.630.2772

 CasualtySolutions@Verisk.com

verisk.com/msp-solutions

