



Simplify Your CMS Reporting

Choose your path to Section 111 compliance

With the Centers for Medicare and Medicaid Services (CMS) soon to implement penalties for Section 111 noncompliance, it's more critical than ever to ensure accurate reporting. That's why Verisk offers two CMS reporting solutions, so you can select the option that works better for you. No matter which option you choose, you'll get best-in-class conditional payment and Medicare Set-Aside (MSA) services and support from a dedicated team of medical and legal experts.

MSP Navigator®—Proactive and accurate claims compliance

Handling of query process

- Query submission aligns with quarterly reporting date to maximize time for reportable claims cleanup
- MBI/HICN automatically populated from query response file
- Insight into query history and positive/negative responses
- Built-in logic to stop query process when specific claim conditions are met

Section 111 reporting

- Data validation mirrors logic used by CMS
- Missing Section 111 data report tracks claims with known errors before submission
- Unresolved claims withheld from file to prevent errors
- Optional e-mail notifications provide escalation of unresolved data issues

Interface

- User-friendly interface includes role-based access to reports
- Customizable reports with actionable next steps

Technical requirements

- Technical development required for CMS-specific data feed
- Few resources required after go-live to manage reporting process

Additional features

- Rules-based logic with guided workflow
- Robust logic determines TPOC reportability and allows for input of future ORM termination dates over six months

 **ISO Claims Partners**

A Verisk Business

ISO ClaimSearch® CMS—Compliance reporting in claims workflow

Handling of query process

- Append-DSSM public records search available to obtain SSNs and DOBs
- Audit trail available in ISO ClaimSearch® to view query history
- Positive query responses listed in query response report in web portal
- MBI/HICN must be populated by client or automated to mark parties as eligible
- Built-in logic to stop query process for TPOC claims when specific claim conditions are met

Section 111 reporting

- Data validation mirrors logic used by CMS via active warnings
- Clients mark claims with known errors for exclusion
- Active warning dashboard drills down on potentially reportable claims for targeted data cleanup

Interface

- Web clients enter CMS data within ISO ClaimSearch claims reporting
- All clients may interact with account management reports to monitor MSP responses and review active warnings

Technical requirements

- Leverage ISO ClaimSearch data feed to add CMS fields needed for reporting
- Workflow may require added resources after go-live to manage reporting process

Additional features

Available by fall 2019:

- Enhanced reporting that shows only missing data on claims scheduled to be reported
- Report that indicates every Medicare-eligible claimant not marked in the system
- Claims reporting on missing query fields

ISO Claims Partners

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

INSIGHTS

- Data from more than 1 billion industrywide claims
- The largest number of successful Medicare submissions in the industry
- Market-leading predictive analytics tools supporting enhanced triaging and resolution
- Industry-leading OCR and text-mining capabilities

ADVOCACY

- The industry's largest and most experienced team of legal and medical MSP compliance experts
- Customized, flexible solutions based on your risk management strategy
- On-site file consultation and pickup


RESULTS

- Improved claims outcomes and loss ratios
- Expedited settlements
- Mitigated risk and settlement consistency

Get your complimentary consultation

To learn more about CMS reporting, please contact:

 ISO Claims Partners

 +1-866-630-2772

 CPinfo@verisk.com

