



MSA Link

Get the right MSA at the right time

The Centers for Medicare & Medicaid Services (CMS) is expanding the Section 111 Total Payment Obligation to Claimant (TPOC) reporting process.

Starting in 2025, Responsible Reporting Entities (RREs) will be required to report several data points related to Workers' Compensation Medicare Set-Aside (WCMSA) for all workers' compensation settlements involving Medicare beneficiaries. RREs will need to report a WCMSA amount on every claim involving a Medicare beneficiary regardless of whether the WCMSA was submitted to CMS. This includes:



Non-submit MSAs



Evidence-based MSAs (EBMSAs)



Cases where no MSA was allocated (even if the amount is \$0)

For the first time, CMS is going to know exactly what you allocated for every claim, or if you did not get an allocation on that claim at all. As a result, it is more important now than ever to establish specific protocols for what type of allocation each claim should receive based on your risk tolerance.

Why this matters for insurers

CMS will now have full visibility into your MSA practices. This means:



Increased scrutiny:

CMS can review any MSA, even those below the \$25,000 threshold



Potential for audits:

If CMS questions your MSA decisions, you may be subject to an audit



Risk of penalties:

CMS reserves all enforcement recourses including possible False Claims Act actions



Data-driven allocations to ensure compliance

When a claim meets your specific protocols, MSA Link automatically initiates the appropriate type of allocation for that claim. By using your Section 111 data to determine when an allocation is appropriate, MSA Link ensures that you get the right MSA for each claim at the right time.

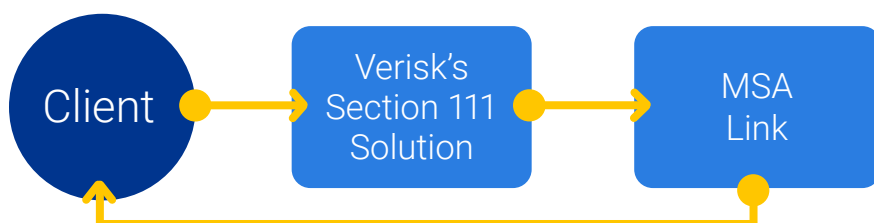
Overview

MSA Link is completely customizable to your specific compliance protocols and referral trigger points. MSA Link automatically ensures future allocations are completed as dictated and warranted by client protocols.

Workflow

1. Claim data transmitted in normal course of reporting

2. Verisk logic ensures claim meets client's customized MSA Link criteria to set up automatically for allocation



3. MSA completed and sent to client

Claim criteria and customizable options

Base Claims Criteria

- Workers Comp Claim
- Medicare Beneficiary: Yes
- Claim Status: Open
- ORM: Yes (No TPOC)
- ICD Code listed

Customization & Trigger Options

- Base Claim Criteria + MMI
- Base Claim Criteria + Positioned for Settlement (P4S)
- Base Claim Criteria + Age of Claim

Benefits

- Ensures adherence to future allocation protocols to mitigate compliance risk
- Promotes consistency and simplifies workflow
- Saves adjuster time and resources
- Provides access to Verisk's industry leading MSA policy team

Verisk cost savings

Leverage Verisk's extraordinary cost-mitigation savings and provider outreach program.

Savings examples include:

>\$50M

saved in MSA cost mitigation in 2024

>\$4M

saved through amended review in 2024

Find out more

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

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