Verisk™

Connecting the Data Dots: Turning Section 111 Reporting into a Medicare Compliance Advantage



October 9th, 2025
2:00 PM – 3:00 PM ET

Today's Panel

Connecting the Data Dots:
Turning Section 111 Reporting into a Medicare Compliance Advantage



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Today's Agenda

- Medicare secondary payer compliance – big picture view
- Data is power – using Section 111 data to address MSP obligations
- Simplify workflows – making MSP compliance work better on the front-lines
- Using automation to improve your MSP best practices
- Verisk services – better compliance via data driven solutions
- Questions/Answers

CMS is connecting the data dots… are you?

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Section 111 – CMS's Capital City



RREs

Send data to CMS

Section 111 Reporting

CMS then uses the data for MSP purposes



1. Section 111

Failure to report properly subjects RREs to civil money penalties "up to $1,474 per day, per claim)

2. Conditional Payments

CMS uses Section 111 data to initiate recovery (Part A/B)

3. WCMSA

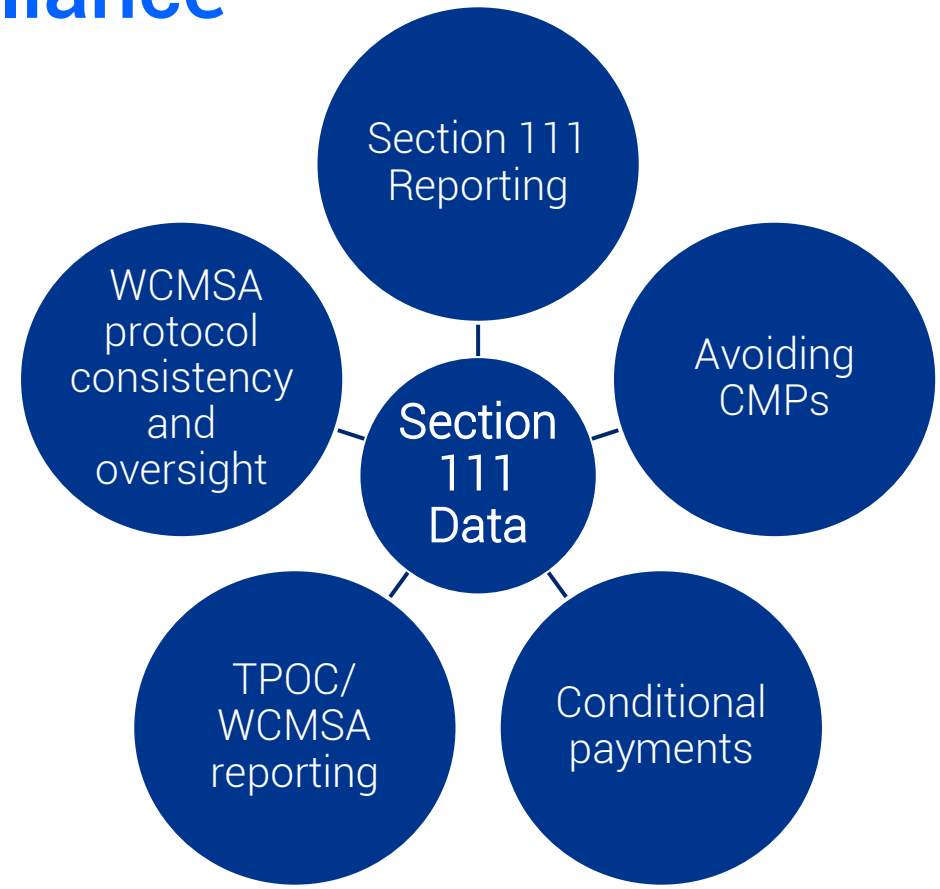
Effective 4/4/2025, CMS uses Section 111 data to assess WCMSA practices

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Section 111 Data - Holistic Compliance



Move away from Section 111 silo thinking!

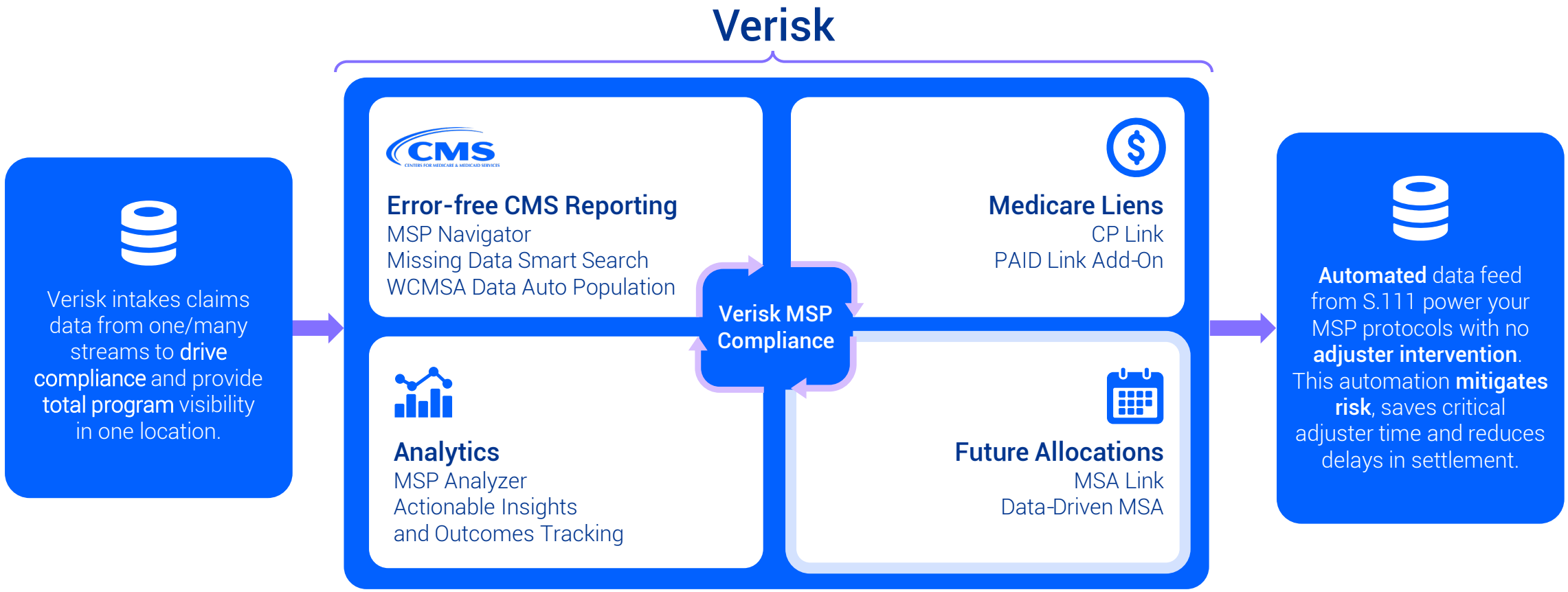


Instead, think big! Use Section 111 data for holistic and automated MSP compliance.

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Automate compliance. Mitigate risk. Optimize outcomes.

Holistic data-driven Medicare compliance



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MSP Navigator
Section 111 Reporting



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Section 111 Reporting

Key Policy Points and Considerations

- Proper Section 111 reporting is key
- Late TPOC/ORM reports can subject RREs to civil money penalties of up to $1,474 per day, per claim
- CMS's Query – Determining Medicare status
- Navigating CMS's "Safe Harbor" criteria
- Automation to streamline processing

Verisk S. 111 Services

- MSP Navigator
- Section 111 Audit
- MSP Analyzer
- Missing Data Smart Search

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S.111 Reporting – MSP Navigator

Customizable solutions that ensure S.111 reporting accuracy

- **Error Free Reporting** with proactive data validation
- **Claim system integrations and multiple file exchange options** – Implementation accelerators available and all major file specifications accepted
- **New CMP Readiness dashboard**
- **PAID Act integration** – stay ahead of potential MAP liens
- **Robust reporting and analytic capabilities**
- **Self-service web-based portal** provides management reports to supplement compliance oversight
- **Compliance Audit & Protocol Review** services available

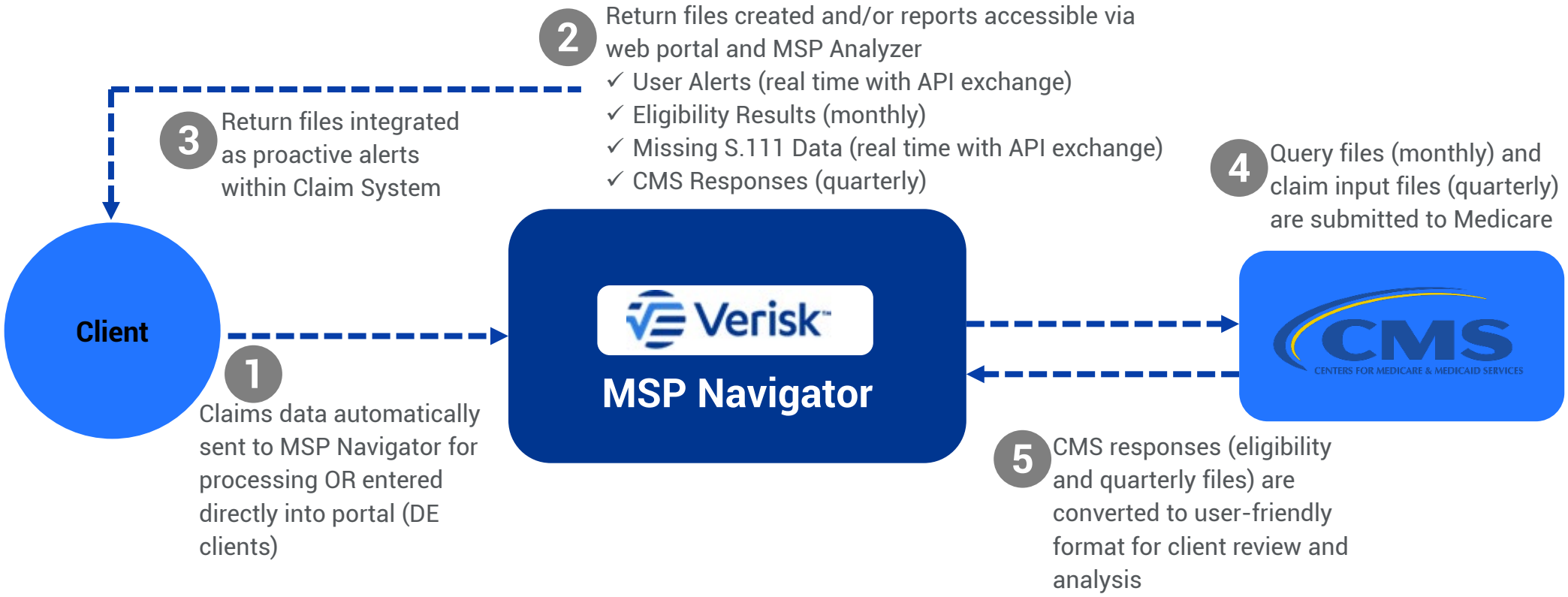
Experience Matters

- Facilitates error-free reporting for **~5,000** RREs
- ~400 **million claims queried** and **2 million claims reported** to CMS in 2024
- **22** dedicated Section 111 experts at your service

*Customizations available upon request

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Data Flow



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CP Link
Conditional Payments



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Medicare Conditional Payments

Key Policy Points and Considerations

- Understand the different types of Medicare conditional payment claims
- Parts A/B = CMS and its contractors
- Part C (Medicare Advantage) and Part D = separate process
- Avoiding liability – interest accrual, Treasury claims, "double damages," Department of Justice actions, etc.
- Practical challenges – adjuster identification

Verisk Conditional Payment Lien Services

- CP Link
- Treasury Services
- Medicare Advantage Plans and Part D recovery services
- Protocol development

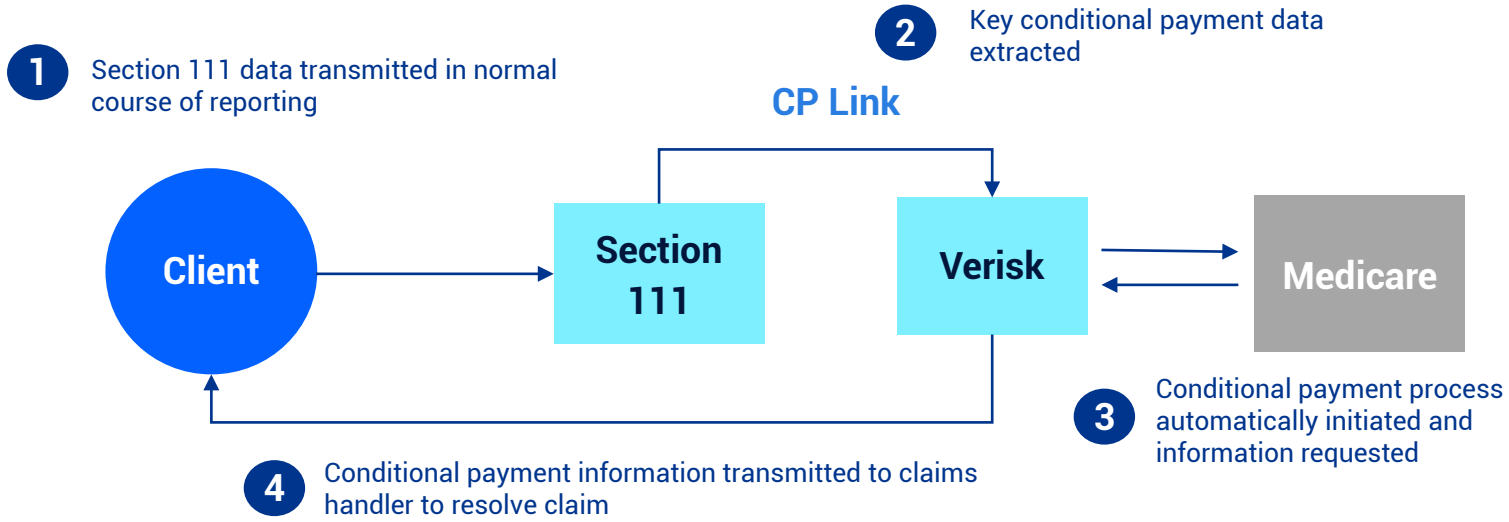
Verisk Customer Savings (2024)!

- Conditional Payment Savings - over $160 Million
- CP Link savings - $158 million
- Average lien reduction - 87.95%
- Treasury disputes - over $770k
- Medicare Advantage savings - over $1.77 Million

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Data Driven Protocol Adherence for Conditional Payments: CP Link

The best way to ensure conditional payment compliance is to leverage the same data to address liens as Medicare uses to identify them: Section 111. CP Link automates the handling of conditional payments saving adjusters time and ensuring no file is missed.



Benefits

- Ensures complete compliance
- Provides insight/visibility (risk, efficacy, success, etc.)
- Saves claim time and conserves resources
- Life of the claim pricing saves money over the long term.

Decision Point

❖ MAP/Part D Protocols

S.111 Data Logic

- ✓ Medicare Beneficiary = YES
- ✓ Claim Status = OPEN
- ✓ One(1) ICD Code listed
- ✓ No TPOC (not settled)
- ✓ ORM = Y (WC and NF claims)

Additional Filtering Options Available

- ❑ P4S
- ❑ Rep Status
- ❑ Insured
- ❑ ORM Termination or TPOC Date
- ❑ Plan Enrollment Date
- ❑ Jurisdiction

Filtering Customizable by:

- RRE
- Line of Business
- Medicare A/B vs. MAPs/Part D

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Navigating CMS's New TPOC/WCMSA Requirements – Verisk solutions



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TPOC/WCMSA reporting – Breaking down CMS's new requirement

- TPOC/WCMSA reporting started 4/4/2025
- Applies to ALL WC settlements with Medicare beneficiaries
- CMS will now use Section 111 TPOC reporting to collect WCMSA data
- Why is this a big deal?
- How has CMS been using this data?



April 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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TPOC/WCMSA compliance – practical perspective

Effective April 4, 2025*, WC insurers must report the new TPOC/WCMSA data fields for settlements with Medicare beneficiaries as follows:

1. WC settlement with a Medicare beneficiary greater than $25K
2. WC settlement with a Medicare beneficiary for $25K or less ("Low dollar" settlements)
3. WC settlement with a Medicare beneficiary – no WCMSA or $0 WCMSA (CMS retains right to audit $0 WCMSA)

In each of these scenarios, WC carrier must report the new TPOC data points

TPOC/WCMSA Data Points
1. MSA Amount
2. MSA Period
3. Lump Sum or Structured/Annuity Payout Indicator
4. Initial Deposit
5. Anniversary (Annual Deposit)
6. Case Control Number (optional)
7. Professional Administrator EIN (optional)

*Applies to Section 111 coverage reports with TPOC dates April 4, 2025, or later.

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CMS is using Section 111 data to evaluate MSA compliance

MSAs are now tracked and validated against S.111 data

- Impacts Medicare payments
- May change status of MSA approvals
- Tracks MSA spend and administration

Provides CMS a pathway to audit MSA use in WC settlements involving Medicare beneficiaries

- CMS knows which cases include MSAs
- May bring all available means to enforce program including bringing a False Claims Act claim and auditing $0 WCMSA values.

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TPOC/WCMSA – Compliance Perspective

1. Section 111 CMPs

- Remember, TPOC reports must be submitted, and accepted by CMS, in a timely fashion.
- If you do not properly report the TPOC/WCMSA data fields, CMS will reject your TPOC report.
- In this instance, if the TPOC report is not corrected and refiled timely, this could result in potential CMPs

2. WCMSA Considerations

- CMS has unprecedented visibility into your WCMSA practices for settlements with Medicare beneficiaries
- Applies to all settlements with Medicare beneficiaries – whether the settlement does/does not meet CMS's "greater than $25k" review threshold
- Special focus "low dollar settlements ($25k or less):" CMS now will see how insurers are addressing their interests

3. Practical Challenges

- Data Entry, Accuracy & Timeliness of New Fields
- Protocol Adherence and Oversight
- Compliance/protocol consistency

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TPOC/WCMSA – Verisk Services Perspective

MSA Link	Leverages Section 111 data to facilitate an insurer's WCMSA protocols
Data Driven MSA (DDMSA) Under-Threshold MSA	Different options to address "low dollar" settlements ($25k or less)
Section 111 Data Sync	Automates the retrieval/entry of the new TPOC/WCMSA data requirements

Verisk has the solutions that you need to comply with TPOC/WCMSA reporting and connect the data dots to improve your WCMSA protocols and practices!

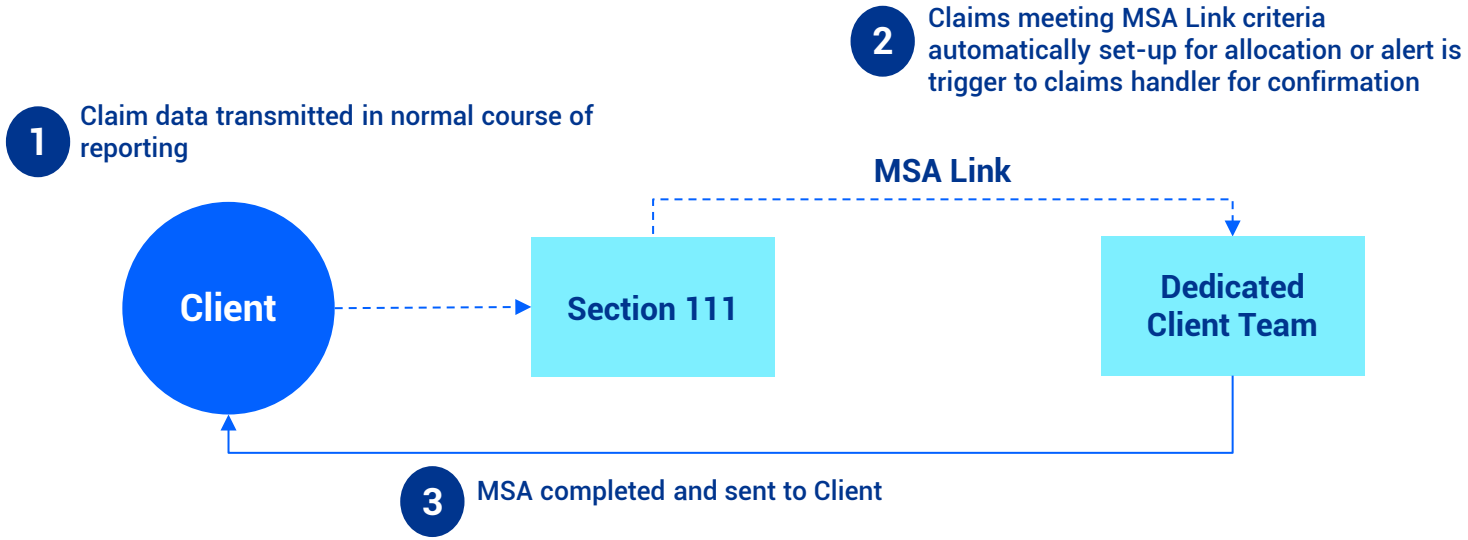
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1. MSA Link

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Data Driven Protocol Adherence for Allocations: MSA Link

MSA Link leverages existing S.111 data to ensures adherence to company specific protocols mitigating risk, while streamlining compliance tasks for greater claims handler efficiency. To customize to a client's specific protocols, we offer fully automated and trigger options.



Benefits

- Drives programmatic compliance in line with your established protocols.
- Mitigates risk and assists with WCMSA TPOC reporting.
- Streamlines claims handler workflow driving efficiency.

MSA Link Options*

1. Fully Automated
2. Email Trigger with Claims Handler Intervention

Decision Points*

1. Low dollar settlement protocols
2. Opt-out Authority
3. Nonresponse process

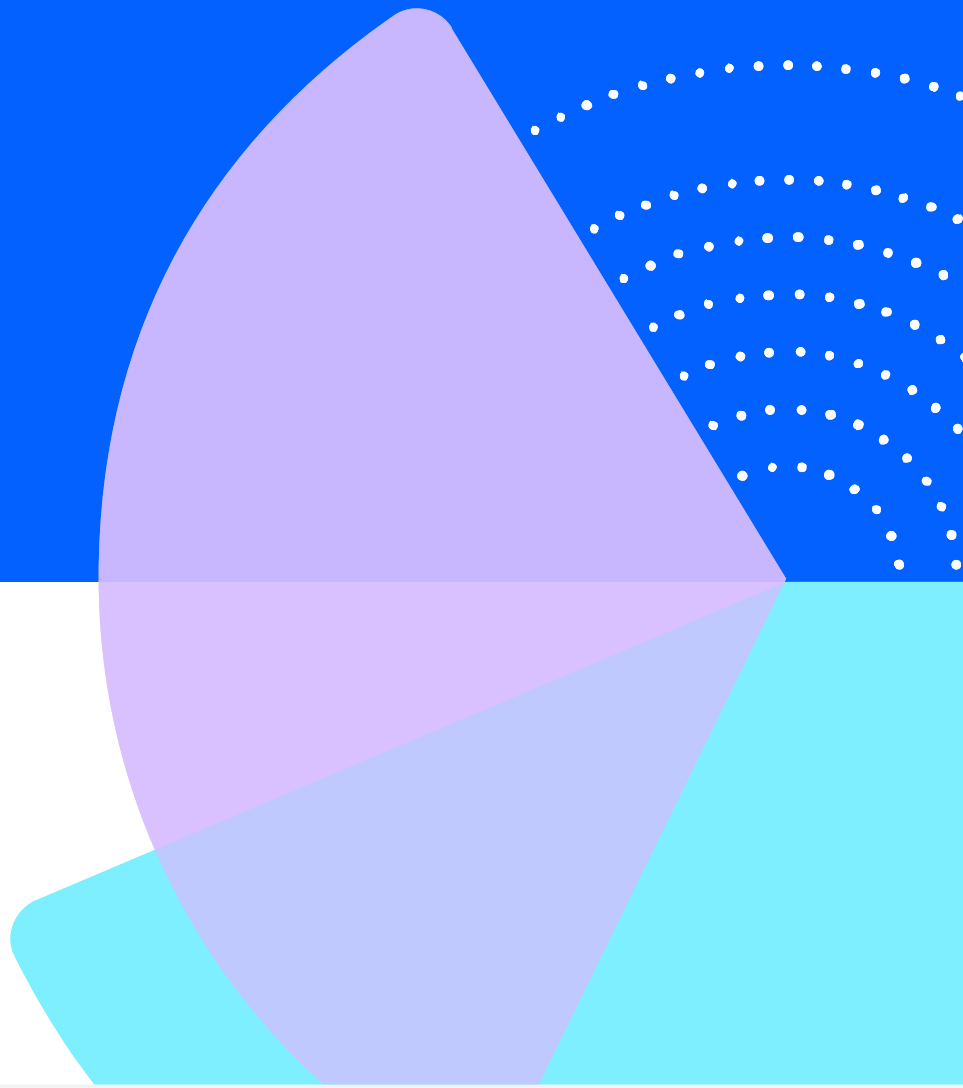
S.111 Data Logic*

- ✓ Medicare Beneficiary = YES
- ✓ Claim Status = OPEN
- ✓ One(1) ICD Code listed
- ✓ No TPOC (not settled)
- ✓ Jurisdiction = Closes Medical
- ✓ ORM = Y
- ✓ Age of Claim = 18 months

*Customizations available upon request

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2. Data-Driven MSA and Under Threshold MSA – Solutions Low Dollar Settlements



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Data-Driven Medicare Set-Aside

Data-Driven MSA leverages Verisk's unparalleled medical, legal, and data science expertise with our expansive claims data sources for low dollar settlements ($25k or less). This automated MSA enables claims staff to quickly access a future medical allocation, while avoiding the time, expense, and subjective nature of the traditional MSA Review Process.



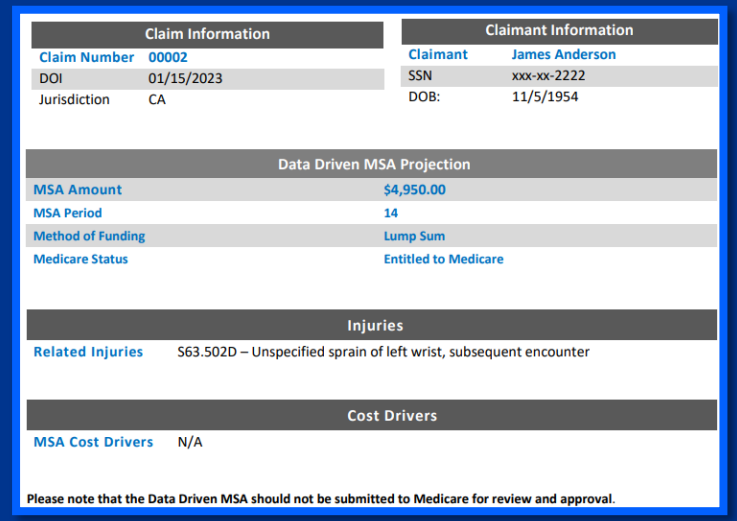
Report is QA'd and delivered within hours of referral

Benefits

- Addresses low dollar settlements
- Ensures consistency in evaluation and mitigate compliance risk

Data-Driven MSA:

- Ensures consistent process and protocol adherence
- Fast turnaround time
- Cost effective
- Fuels new MSA TPOC reporting requirements
- Allocation accounts for injured party's life expectancy and treating location
- Supported by Verisk's team of experts



Claim Information		Claimant Information	
Claim Number	00002	Claimant	James Anderson
DOI	01/15/2023	SSN	xxx-xx-2222
Jurisdiction	CA	DOB:	11/5/1954

Data Driven MSA Projection	
MSA Amount	$4,950.00
MSA Period	14
Method of Funding	Lump Sum
Medicare Status	Entitled to Medicare

Injuries	
Related Injuries	S63.502D – Unspecified sprain of left wrist, subsequent encounter

Cost Drivers	
MSA Cost Drivers	N/A

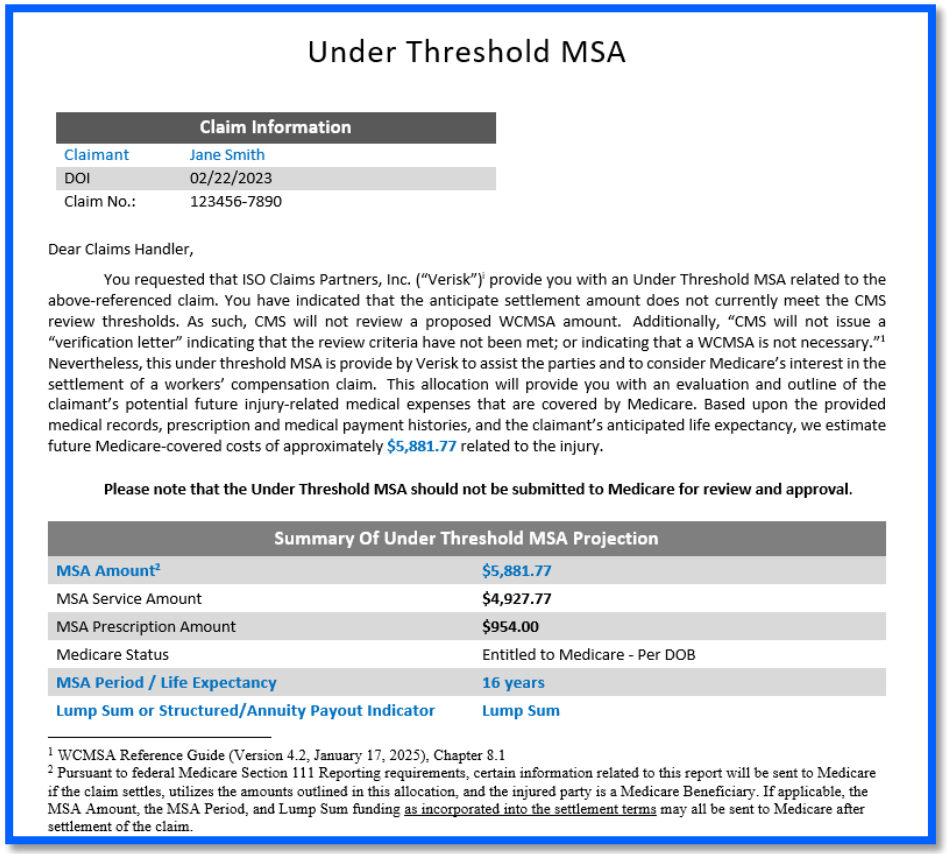
Please note that the Data Driven MSA should not be submitted to Medicare for review and approval.

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Verisk's Under Threshold MSA

Cost effective solution to address MSAs regarding low dollar settlements – Utilizes nurse and attorney to review medical records.

- Allocation created by nurse and attorney
  - ✓ Like a traditional MSA or Pre-MSA nurses and attorneys are involved.
- Considers last 6 months of medical records and Rx pay histories
  - ✓ There is a summary of future treatment but not a narrative.
  - ✓ A treatment itemization is also provided.



Under Threshold MSA

Claim Information	
Claimant	Jane Smith
DOI	02/22/2023
Claim No.:	123456-7890

Dear Claims Handler,

You requested that ISO Claims Partners, Inc. ("Verisk")[1] provide you with an Under Threshold MSA related to the above-referenced claim. You have indicated that the anticipate settlement amount does not currently meet the CMS review thresholds. As such, CMS will not review a proposed WCMSA amount. Additionally, "CMS will not issue a "verification letter" indicating that the review criteria have not been met; or indicating that a WCMSA is not necessary."[1] Nevertheless, this under threshold MSA is provide by Verisk to assist the parties and to consider Medicare's interest in the settlement of a workers' compensation claim. This allocation will provide you with an evaluation and outline of the claimant's potential future injury-related medical expenses that are covered by Medicare. Based upon the provided medical records, prescription and medical payment histories, and the claimant's anticipated life expectancy, we estimate future Medicare-covered costs of approximately $5,881.77 related to the injury.

Please note that the Under Threshold MSA should not be submitted to Medicare for review and approval.

Summary Of Under Threshold MSA Projection	
MSA Amount[2]	$5,881.77
MSA Service Amount	$4,927.77
MSA Prescription Amount	$954.00
Medicare Status	Entitled to Medicare - Per DOB
MSA Period / Life Expectancy	16 years
Lump Sum or Structured/Annuity Payout Indicator	Lump Sum

[1] WCMSA Reference Guide (Version 4.2, January 17, 2025), Chapter 8.1
[2] Pursuant to federal Medicare Section 111 Reporting requirements, certain information related to this report will be sent to Medicare if the claim settles, utilizes the amounts outlined in this allocation, and the injured party is a Medicare Beneficiary. If applicable, the MSA Amount, the MSA Period, and Lump Sum funding as incorporated into the settlement terms may all be sent to Medicare after settlement of the claim.

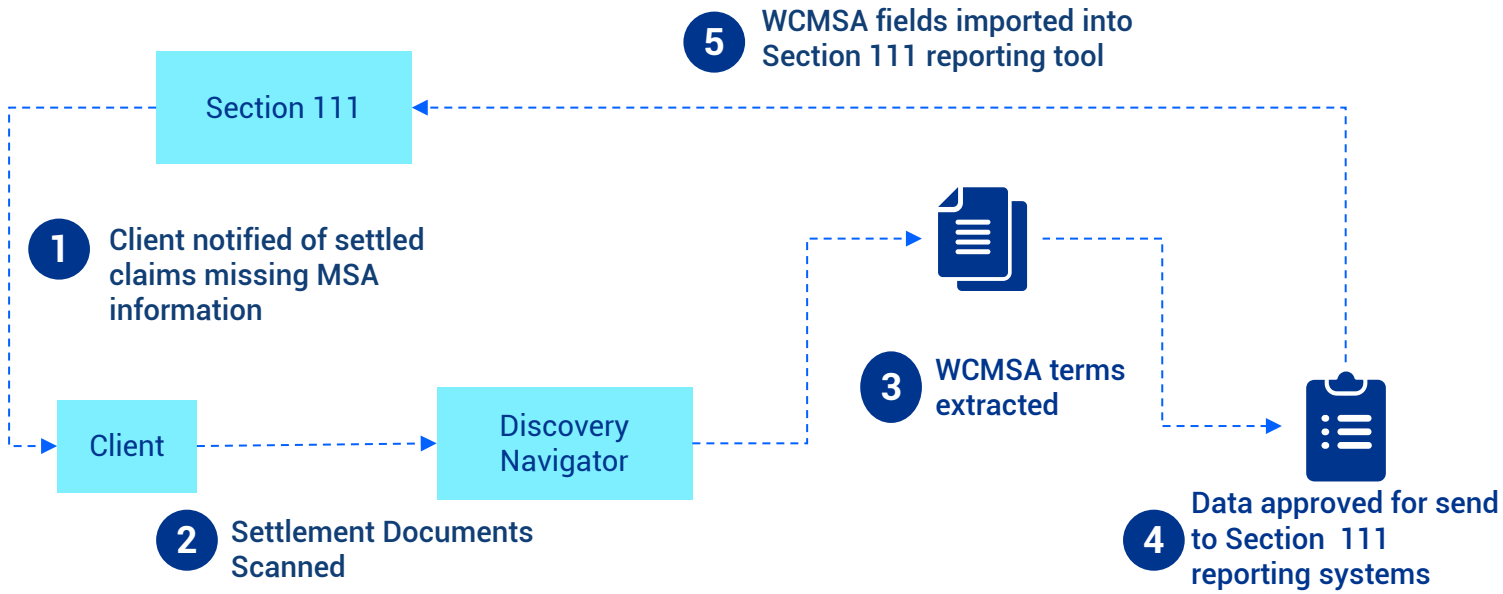
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3. Section 111 Data Sync

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Section 111 Data Sync

Section 111 Data Sync automate identification and extraction of WCMSA reporting fields from settlement document with seamless integration into the Section 111 workflow.



Benefits

- Automate retrieval of newly required WCMSA TPOC data
- Mitigate risk, automate workflow, minimize adjuster burden

Section 111 Data Sync

Automate the retrieval and entry of new WCMSA TPOC data requirements.

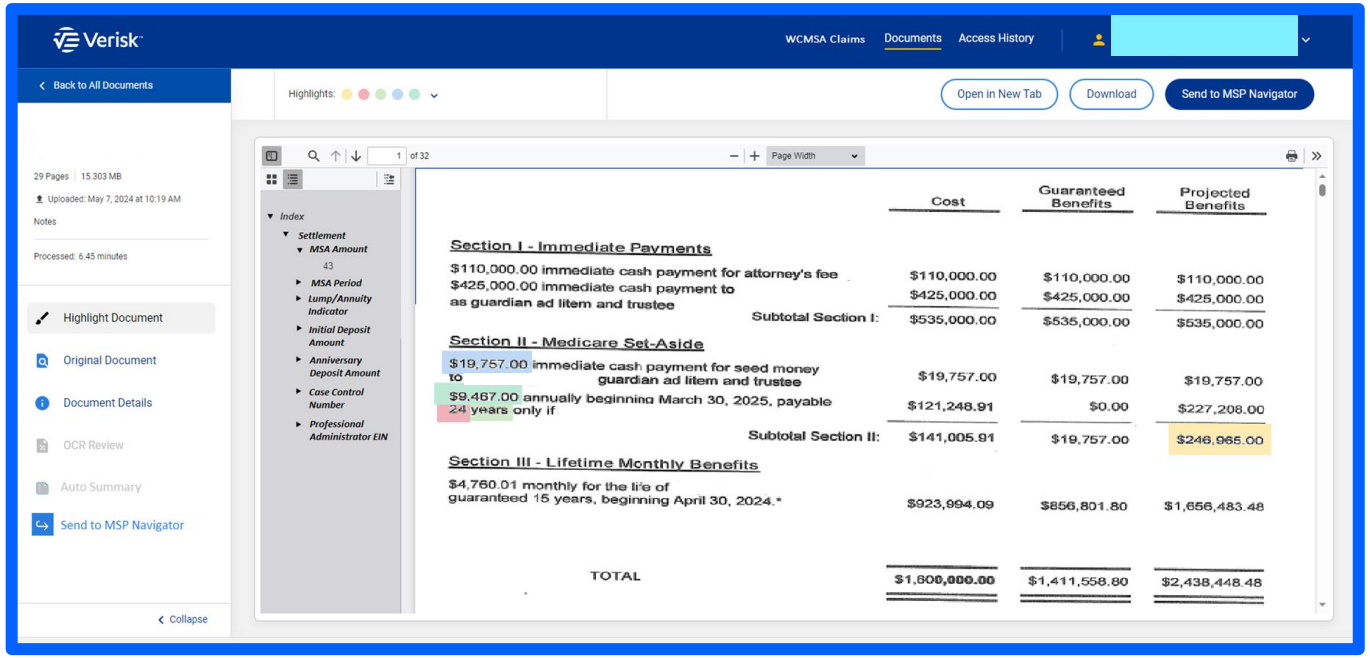
Example:

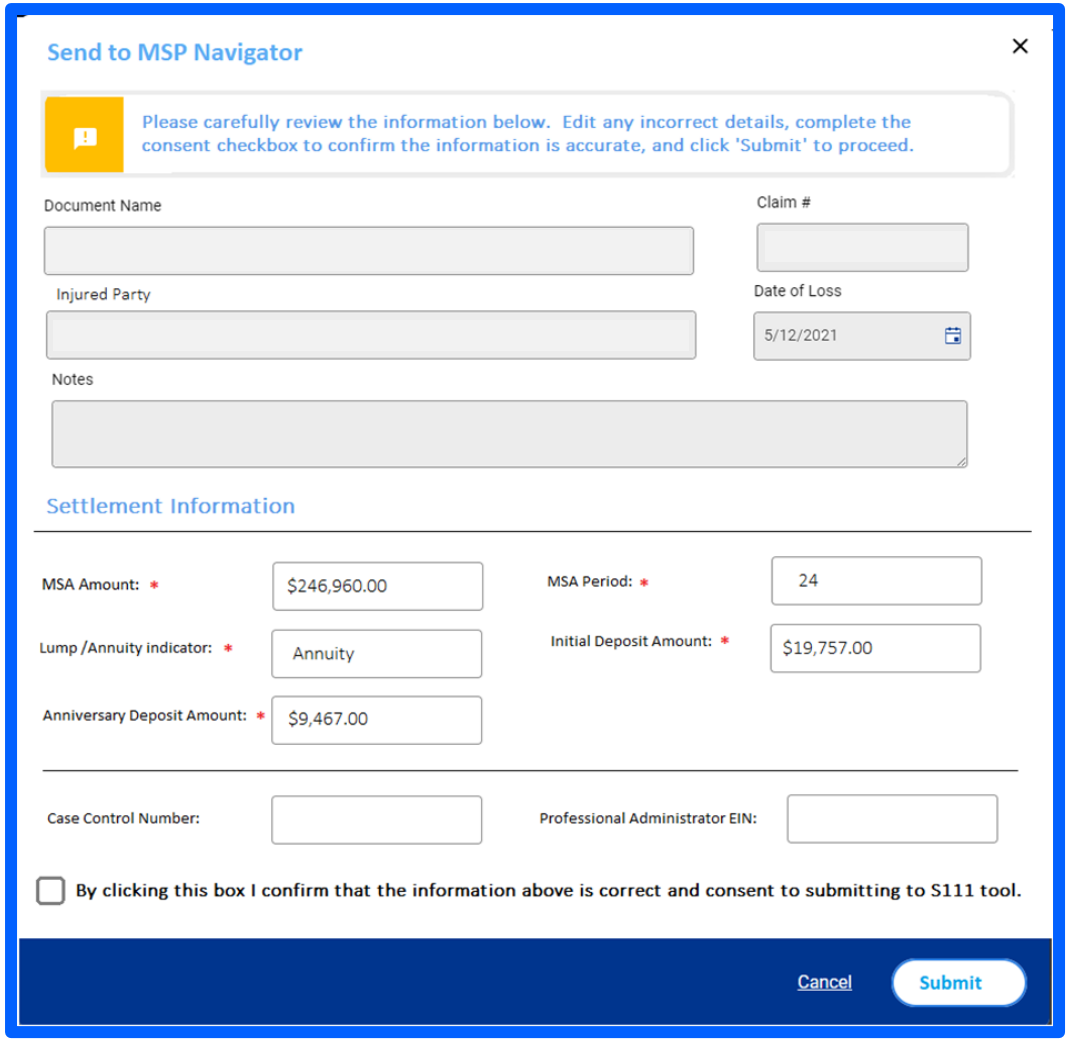
- Workers' compensation claim
- Medicare beneficiary
- File settles/ TPOC

= Applicable data elements automatically extracted from settlement agreement to satisfy new WCMSA TPOC reporting obligations

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Section 111 Data Sync – Screenshots





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Let's See it in Action

Demo

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Panel Points



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Consideration points going forward…

Kate

- "AI is here and now is the time to start applying it"
- "Role of governance and policies in your organization's AI framework"

Maureen

- "Providing only programmatic best practices often leave gaps at the desk level. It's really about leveraging automation to ensure compliance 100% of the time.
- "The new WCMSA fields are a struggle industry wide. Adding this newly required data and adding it correctly is imperative."

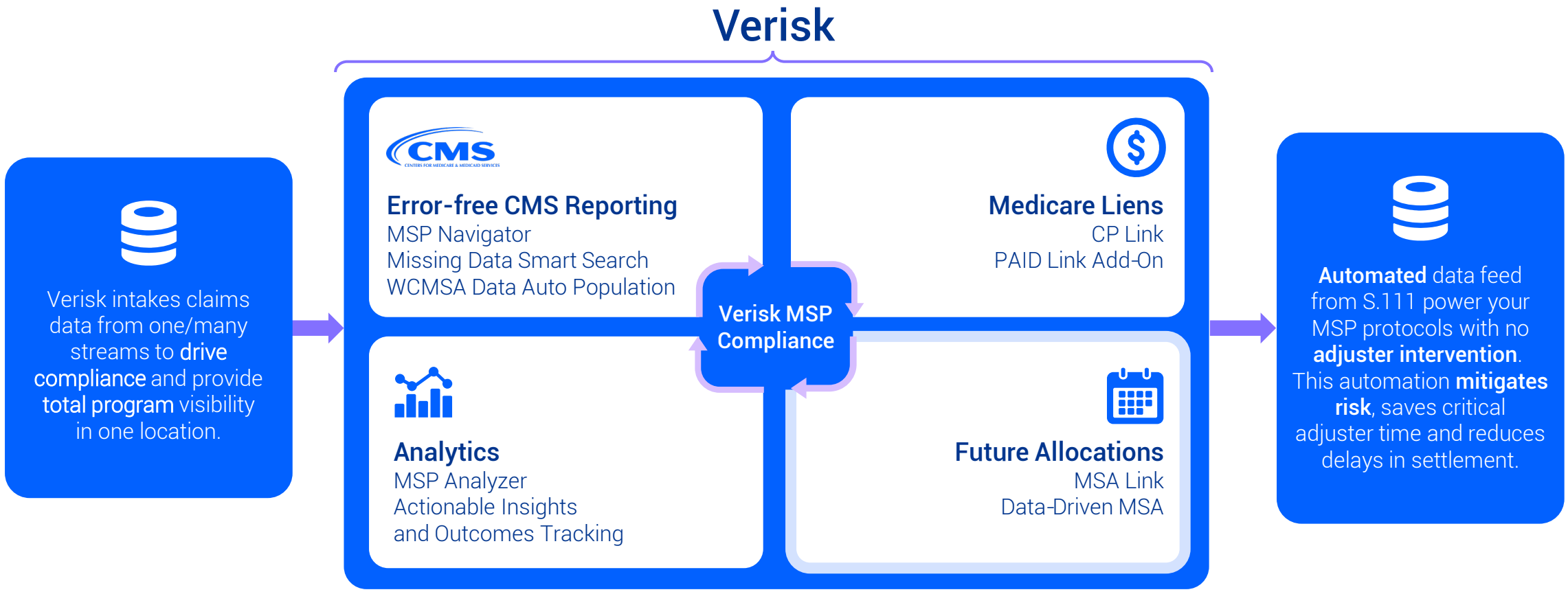
Sid

- "CMS is using the S.111 data for compliance, why shouldn't you?"
- "With MSP compliance becoming more intertwined, utilizing a single source vendor provides several advantages."

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Automate compliance. Mitigate risk. Optimize outcomes.

Holistic data-driven Medicare compliance



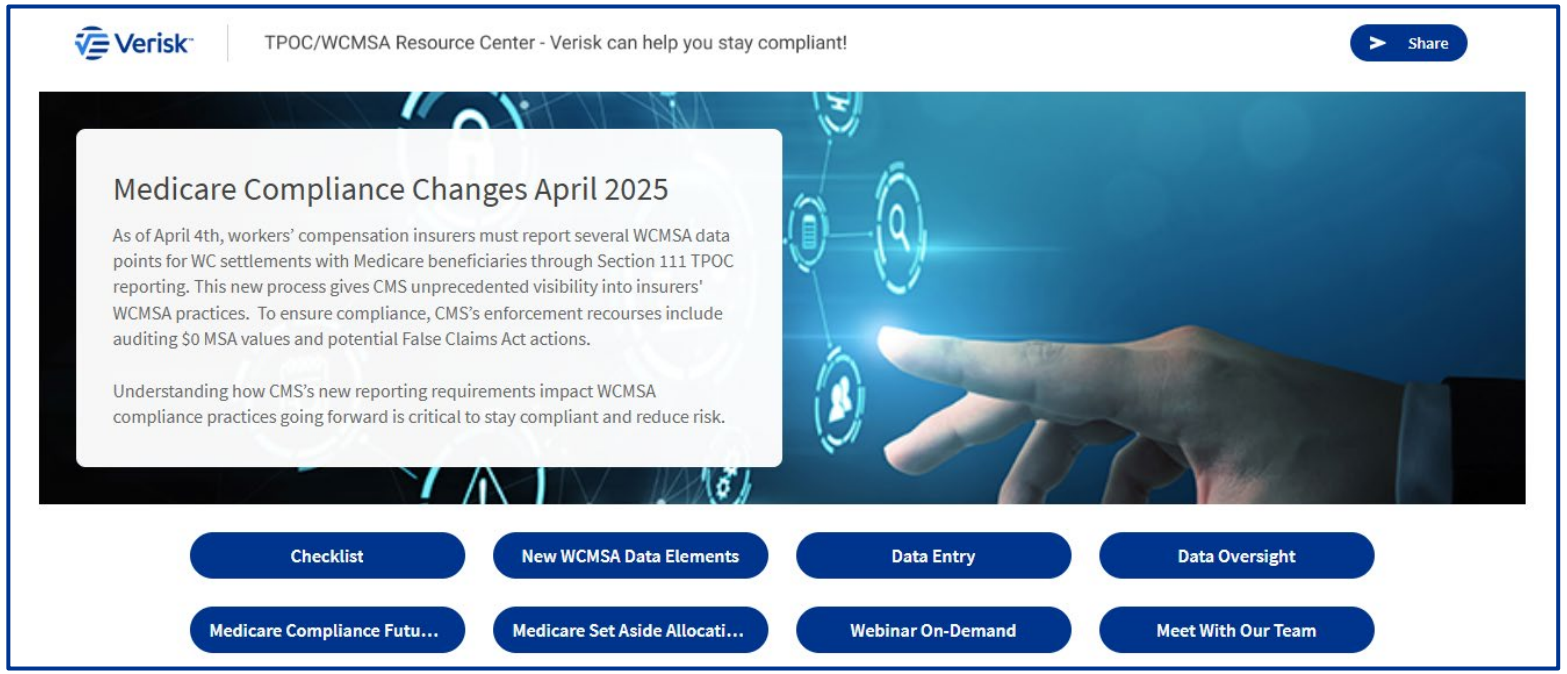
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Resources



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Verisk's TPOC/WCMSA Resource Center



Access our TPOC/WCMSA Resource Center here!

Key Information & Resources

- ✓ Checklist for Success
- ✓ Capturing WCMSA Data Elements
- ✓ Data Entry/Oversight
- ✓ MSA Link
- ✓ Data-Driven MSA
- ✓ Schedule Protocol Review
- ✓ Articles/Webinar

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EDI 2025 Recap – and What's Ahead in 2026

Tuesday, October 21, 2025 | 2:00 PM ET
Presenter: Nick Guarda | Moderator: Mark Popolizio

Several important changes hit the EDI landscape in 2025! This session unpacks the latest updates, what they mean for your organization, and how to prepare for 2026.

Session discussion includes:

- State transitions to new EDI release 3.1 (R.3.1)
- Lowered DCO thresholds for Medical and Indemnity Data Call participation
- New data elements to Indemnity Data Call reporting
- Potential penalties and assessments with NCCI's Indemnity Incentive Program
- Movement to the three-decimal position for loss costs and rates

Register here!



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Questions?



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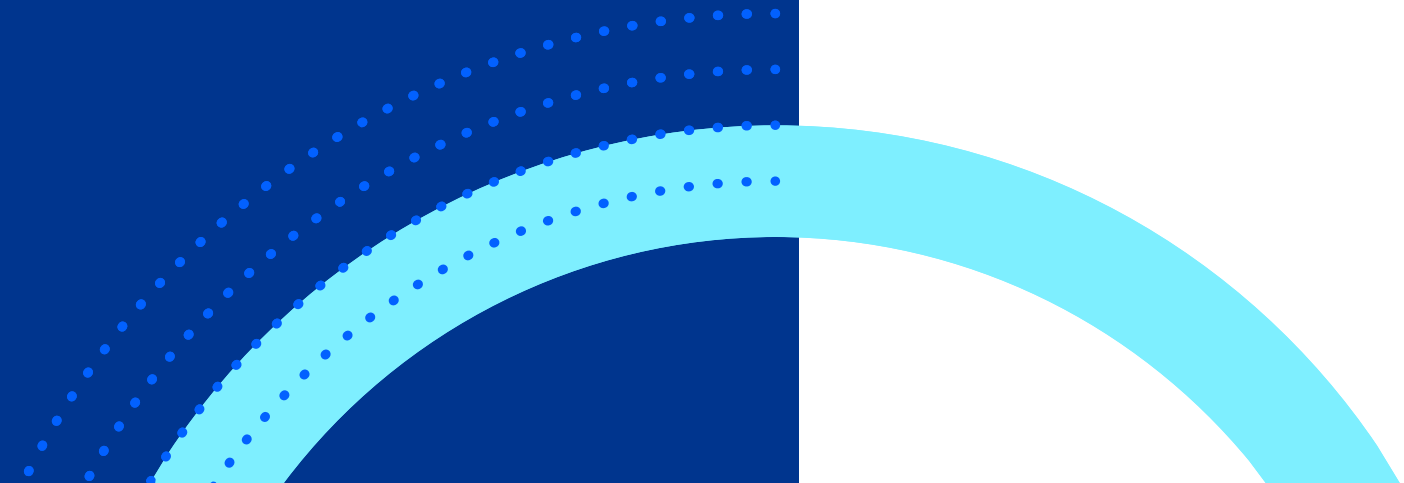


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Thank You!



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