

	Onset of claim	Life of claim	Settlement	Post settlement
	<p><b>GOALS</b> Identify Medicare Beneficiaries for MIR and cost mitigation</p>	<p><b>GOALS</b> Accurately report appropriate claims to Medicare and monitor claim activity to address cost drivers prior to settlement.</p>	<p><b>GOALS</b> Timely and accurately close out MIR responsibility, resolve any open conditional payment items and appropriately fund MSA allocation.</p>	
<b>Compliance requirements</b>	MIR Query claim to determine Medicare Beneficiary Status	<ul style="list-style-type: none"> <li>• Turn ORM to Y</li> <li>• Report Accepted ICD codes</li> <li>• Monitor for Clinical intervention</li> <li>• Monitor for conditional Payments</li> </ul>	<ul style="list-style-type: none"> <li>• Report all TPOC, enter ORM termination date, confirm ICD codes</li> <li>• Resolve all outstanding conditional payments</li> <li>• Include MSA allocation in settlement</li> </ul>	Reimburse conditional payment made prior to settlement
<b>Adjuster action recommended</b>	Query five key data elements until claimant becomes beneficiary or claim settles	<ul style="list-style-type: none"> <li>• Respond to CP notices timely</li> <li>• Approve Clinical Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Request a final demand for conditional payments and settle all demands</li> <li>• Include appropriate MSP language in settlement documents</li> </ul>	Process notices from CRC, BCRC, Treasury
<b>Compliance services</b>	Beneficiary Monitoring through Section 111 Reporting	<ul style="list-style-type: none"> <li>• Medicare Clinical Mitigation</li> <li>• Conditional payment Verification Analysis, Dispute</li> </ul>	<ul style="list-style-type: none"> <li>• MSA/MSA Submission</li> <li>• Final Conditional Payment Demand</li> </ul>	Conditional Payment Analysis, Dispute and Appeals

	Section 111 Mandatory Insurer Reporting	Conditional Payments	Medicare Set Asides
<b>Responsible Reporting Entity RRE</b>	Is the company Medicare has identified as the responsible party for this claim i.e., Carrier or Self Insured Employer	Will receive notification of demands and any unpaid demands will be taken in the form of Offset from the RRE	Can be responsible for payments made by Medicare post settlement due to an underfunded MSA
<b>Ongoing Responsibility of Medical ORM</b>	Notifies Medicare of the RREs responsibility of the claimants treatment related to the ICD codes reported and populating a termination date notifies Medicare when the RRE is no longer responsible for the treatment of the claimant	As long as ORM remains open, the CRC will continue to seek reimbursement from the RRE	Should terminate after the MSA allocation is approved and the claim has settled to terminated the RREs responsibility
<b>ICD Codes ICD</b>	Are reported to Medicare to indicate the accepted injuries	All codes reported will be included in the CRCs recovery efforts, even codes reported in error	MIR ICD codes should be consistent with the MSA allocated conditions unless carrier/TPA inadvertently paid for unrelated conditions which will be included by CMS in the MSA as a counter high.
<b>Total Payment Obligation to Claimant TPOC</b>	Notifies Medicare of the complete sum of money paid to the claimant to settle claim	Upon submission of the TPOC and the termination of ORM, the debtor moves from the RRE to the claimant.	Will include the amount of money designated in the MSA as part of the settlement funds
<b>Date of Injury DOI</b>	CMS DOI is the date of the accident/incident or the date of first exposure	Is used by Medicare to set up individual demands. For each date of injury there will be a separate recovery effort by the CRC and BCRC	A global settlement involving multiple DOIs may be included within one MSA. Each DOI and ICDs reported via MIR must be consistent with MSA allocation

## Onset of Claim

- All information reported correct?
- Section 111 reporting should be reviewed for errors
- Verify ICD codes are correct - be specific if possible
- Is ORM status correct?
- Does the claim fall under the \$750 exception?
- Deny claim at onset?
- Check for MAP/PDPs early
- The PAID Act requires CMS give you this information, so be aware if there are MAP/PDPs in play.
- Consider setting up a Recovery Agent as a back up
- Both entities would receive letters regarding conditional payment actions

## Ongoing Compliance

- Any changes to accepted ICD codes?
- Any ICD codes closed out for future medicals?
- Any partial settlements occur? Should update TPOC.
- Monitor for conditional payments.
- Medicare eligible claimant is treating, but you aren't being billed = red flag.
- Keep up to date on MSP updates or changes to rules and regulations. Could require you to make Section 111 changes or monitor data. i.e. PAID Act updates will now have MAP/PDP information that was not previously available.

## Settlement

### If closing out future medicals in settlement, consider a MSA.

- Does claim fall within threshold for review?
- If not pursuing MSA or outside threshold for review, was Medicare's interest adequately considered?

### If obtaining MSA:

- Mitigation efforts on MSA pain points? i.e. medications, spinal cord stimulators, pain pumps, vague surgery recommendations.
- ICDs in MSA match Section 111 reporting?
- Funding? Self-administered vs professionally administered
- Final conditional payment request performed?

### Settlement documents:

- Settlement language address conditional payment possibility? Who is responsible?
- Are conditions closed out in settlement reflected correctly in Section 111?
- ORM Termination Date and TPOC entered correctly?**

## Settlement / Post-Settlement

- Claimant properly informed of downstream effects with regard to Medicare? Possibility of Medicare denying benefits.
- MAP/PDP interests identified and resolved?

### Post-Settlement Conditional Payments

- Did settlement address who is responsible?

### Medicare denying payment of treatment?

- Were MSA funds properly used?
- MSA expenses documented and reported?
- MSA funds exhausted?



**For more information about MSP Compliance:**

1-833-4U-OPTUM  
(1-833-486-7886)

Option 5 for  
Settlement Solutions