



Laser-focused on delivering results to casualty insurers

Highest-level compliance support plus an array of innovative and proven solutions for workers' compensation and liability insurers



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Introduction

Expansive Data-Driven Solutions for Today's Claim Challenges

The risk landscape has changed, and insurers are feeling greater pressure to manage complex claims with more agility and precision, despite a tightening of resources. Verisk is here to help. We have the proprietary data, analytic tools, and unparalleled team of experienced claims experts to guide insurers towards more streamlined, accurate claims outcomes with reduced expenses.



I. Medicare and Medicaid Compliance

Running a tight compliance ship is difficult when CMS regulations are continuously changing. The stakes are high with potential Section 111 civil money penalties of up to \$1,000 per day (adjusted for inflation yearly), plus other possible liability including conditional payment “double damages” and Treasury actions. Claims teams also need to manage the complex future medical demands process and ensure that their organization is setting aside monies for claim-related care and maximizing available cost mitigation opportunities. Verisk has the solutions your team needs to comply with ease—and to help mitigate rising costs.



Section 111 Compliance

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 and 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.

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 and 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 with this new feature.

For **Section 111** claims reported to CMS through MSP Navigator

99.9%
contain **ZERO errors.**

Based on 2021 data from nearly 5,000+ RREs and 200 million claimants queried.



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.

Address Medicare Advantage and Part D recovery claims with ease

We offer an optional add-on service to our CP Link program that 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)

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.

Our studies show that for every **1,000 claims**, CP Link saves approximately **1,500 hours** in administrative file handling and referral time. Over the past two years clients saved over **\$26M** via CP Link with over **300% ROI**.

Our data shows that when we dispute payments, we successfully receive reductions **97 percent** of the time. In addition, in 75 percent of those disputes, **payment is reduced to zero dollars**.*

* Figures based on disputes occurring in 2021.

Over the past two years, our conditional payment dispute efforts yielded nearly **\$250 million** in savings.*

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 available as well as case-by-case Treasury resolution.

Medicare Advantage Plan Services and Medicare Part D Plan Services

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). 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. Automated identification and resolution options available for Medi-Cal beneficiaries in California.

We have seen an increase in Treasury activity and have saved clients over

\$2.2 million

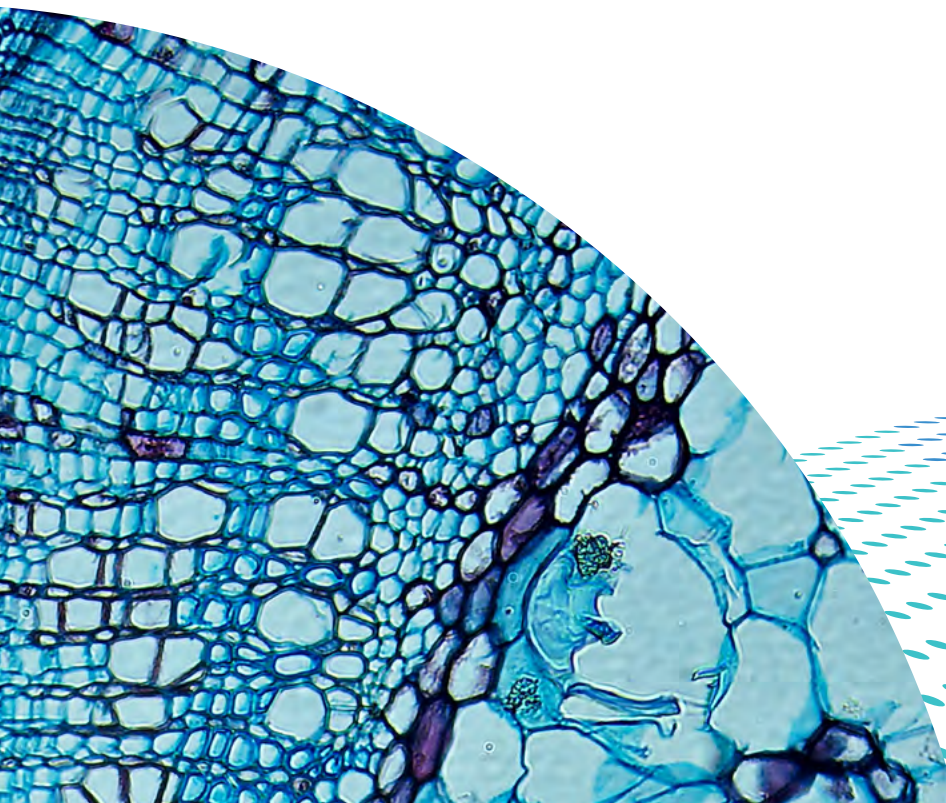
on disputes with the U.S. Department of Treasury.

We have saved clients over

\$1.5 million

on recent Medicare Advantage Plan disputes.*

* Figure based on disputes occurring in 2021.



Future Allocation Services

Medicare Set-Aside (MSA) Allocation

This service includes a Medicare Set-Aside allocation report; medical/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.

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.

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

If a "zero MSA" is appropriate based on the medical and/or legal facts of the case, our experienced legal team prepares case-specific arguments and stand ready to defend them before CMS.

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.

Professional Administration

Verisk has partnered 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.

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.

We have helped clients eliminate cost drivers and reduce cost savings by nearly **\$160 million** in 2021 alone.

Over \$35 million savings in re-review between 2017 and 2021.

Verisk has an **87 percent approval** rate for Legal Zero Allocations.

Nurse Review Services

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.

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.

Provider Outreach Services

Verisk will proactively evaluate treatment by leveraging our clinical/legal experts to achieve savings through:

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

Cost Mitigation: 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.



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 (USF), detailed claim information (DCI), policy reporting (WCPOLS and POC), medical reporting, as well as the new indemnity data call (IDC). Streamline and simplify regulatory reporting with a single data feed.

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.

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.

Verisk proudly represents **17 states** (and counting).

wcPrism and wcAnalyzer suite boosts accuracy and timeliness of EDI compliance to the **90th percentile**

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.

Discovery Navigator

A cutting-edge tool utilizes natural language processing (NLP) and offers options for identifying and extracting certain terms within unstructured medical records resulting in expedited file review at a far lower cost than manual review.



wcNavigator® yields an
ROI of 35:1
by identifying high-severity claims quickly.

Pilot studies show the solution can identify ultimate severity (at claim closure) for more than 70 percent of high severity claims at FNOL and 88 percent within 30 days.

\$15,000
saved per year per
adjuster in medical
document review
spend with
Discovery Navigator*

* Based on an adjuster paid \$55,000 reading 100 pages of medical information in about two hours with model correcting for human error.

IV. Liability Determination and Bodily Injury Assessment

Liability Navigator®

Achieve consistent settlements, accurate liability assessments, and better subrogation recovery on liability claims.

Discovery Navigator

A cutting-edge tool utilizes natural language processing (NLP) and offers options for identifying and extracting certain terms within unstructured medical records resulting in expedited file review at a far lower cost than manual review.

With **Liability Navigator®**, customers report improvements in the application of comparative liability—**from 8 percent to more than 20 percent.**

Customers have seen an **18 percent improvement** in bodily injury settlement results after instituting this solution.



V. Litigation Resolution Solutions

Legal Case Management

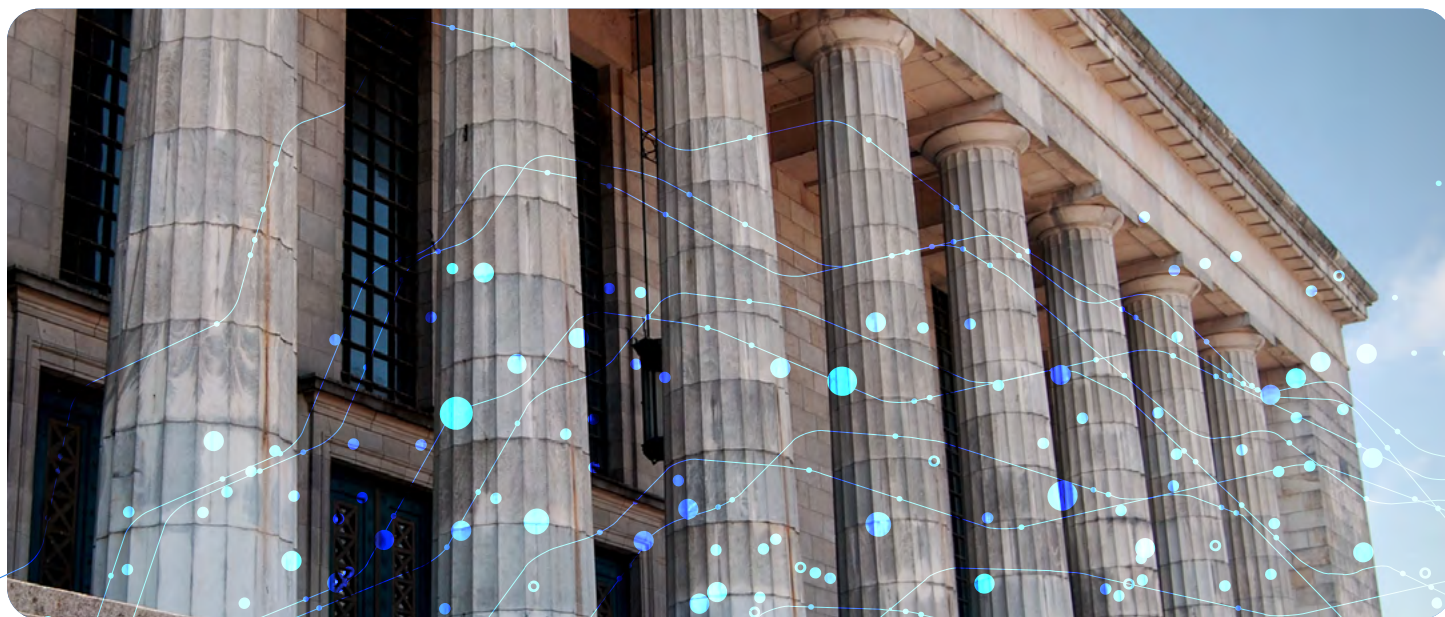
This solution captures litigation case information, structures it into actionable data, and provides critical insights to help improve case outcomes and drive down costs.

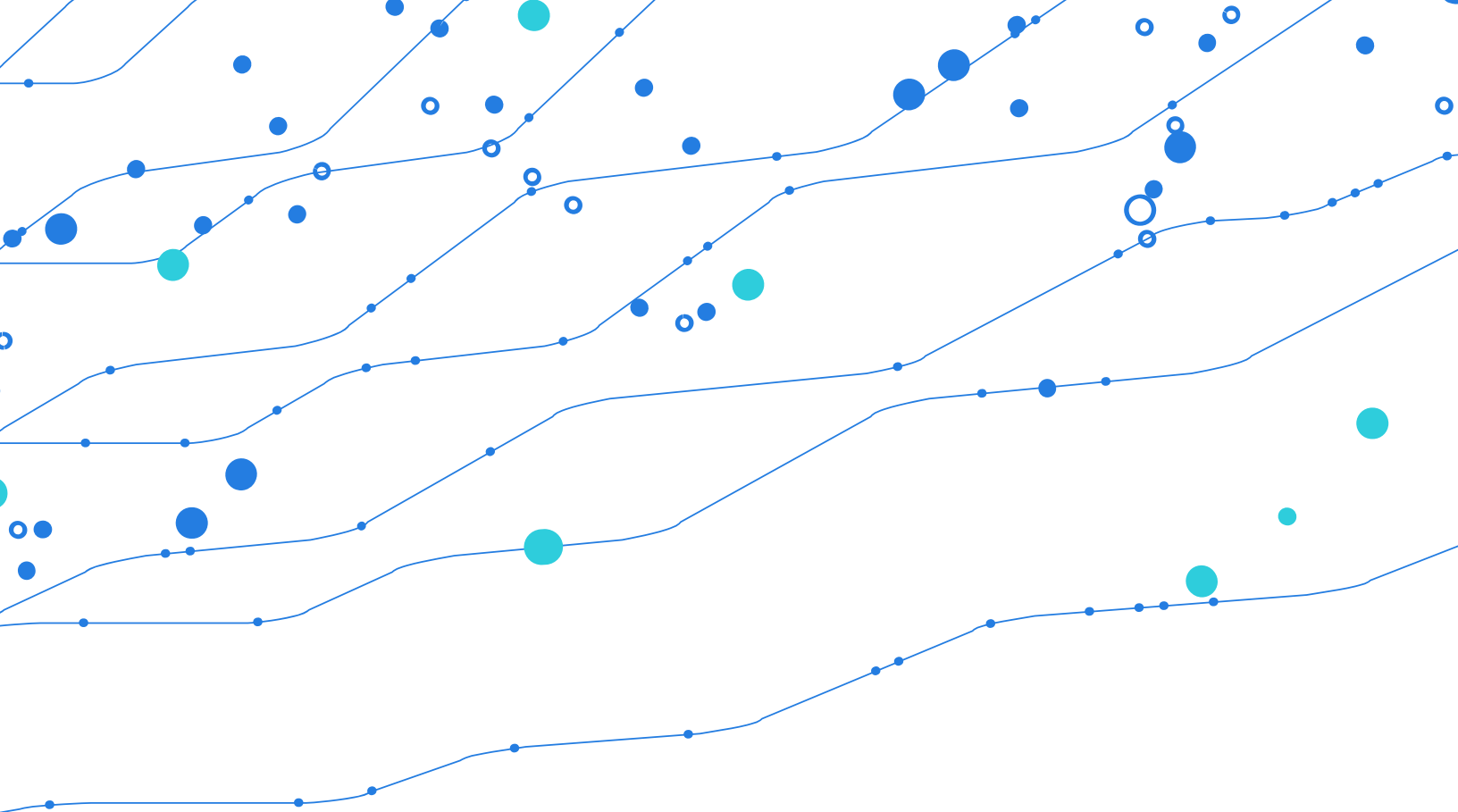
Litigation Analytics

Verisk's Litigation Analytics aims to provide unique insights to insurer's legal teams by leveraging proprietary, open-source, and third-party litigation data. It takes into consideration things like legal costs, negotiations, hearings, and settlement information and provides insight on attorney selection and performance.

Demand Package Review

This solution set supports adjusters as they move complicated bodily injury cases toward settlement. The robust solutions include automated discovery from patient records, bodily injury claim assessment, and an expert nurse review. Demand Package Review will empower your claims team to make better injury evaluations and settlement negotiations, saving your business time, money, and resources





Find Out More

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

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