



## CMS Submission Checklist

### Settlement, judgement or award? Closing Future Medicals?

Verify Benefit Eligibility (Obtain copy of Claimant's ID Card) or Refer to Care Bridge for Medicare Part A/ B, Medicare Advantage and/ or Medicaid Benefit Verification

Verify ALL *compensable* ICD.10 diagnosis codes reported to CMS via MMSEA Section 111 Reporting or the BCRC/ CRC for Conditional Payment Resolution

Refer to Care Bridge to Obtain and Resolve Conditional Payments, at least 60 days before anticipated settlement date

#### **Submission of MSA to CMS requires the following documentation:**

- Most current medical records within the past 2 years, including complete physician office visits, consultations, therapy records, diagnostic test results, claims payment history, prescription drug profile and any UR, Attestation forms, relevant legal documents or physician statements
- Forms, signed/ executed: HIPAA Authorization Release and Settlement documents
- Determine Funding Method
  - Lump sum settlement
  - Annual annuity payments, secure annuity documents
- Method of Administration
  - Self- administered by the claimant
  - Professional administration by a custodian - Obtain contact information
- Re-review MSA at time at settlement and verify that Medical Records are current, within the most recent six months, and request an updated MSA report, if needed
- Upon receipt of CMS Approval of MSA, update funding methods, annuity structure, settlement documents, if needed, if CMS counters with a higher or lower amount.
- Ensure Settlement language addresses consideration of Medicare's future interests and beneficiaries post settlement responsibilities, including signed agreement of his/ her understanding of the MSP obligation to 1) establish an interest-bearing account and 2) provide an annual attestation form to CMS.
- Consider inclusion of reversionary clause in settlement language
- Send Final Settlement Documents to CMS

#### **Questions? Contact Us!**

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