



CMS Non-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

For settlements involving Medicare Beneficiaries or Claimants with a “reasonable expectation” of beneficiary status within 24 months or non-catastrophic claims, consider an Analytic-Powered MSA to protect Medicare’s future interests, exercising voluntary option not to submit to CMS for review and approval.

Refer to Care Bridge (or Auto-Generate via Data Feed) a Analytic-Powered MSA™

- 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
- 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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