

Generate CMS-approvable Medicare Set-Aside reports in minutes

Obtaining an MSA can take weeks - completing the referral, coordinating with the vendor, pulling claim documents, then waiting for the analysis to be completed by the vendor - not to mention fees that often reach \$3k per report. Report revisions and CMS submissions often trigger the need to go through the entire process again multiple times.

A new approach

Clara's MSA module streamlines future medical cost projection report production from weeks to minutes, dramatically reducing the work and cost involved. MSA scans medical records for future medical recommendations, analyzes current medical treatment from payment data, and generates future medical cost projections, automatically compiling them into reports that meet CMS guidelines. Multiple versions of a report can be generated to assess current liability and can be edited on demand to ensure claims teams are submitting the optimal report.

Benefits

Save time and money: MSA reduces a weeks-long process to minutes, enabling claims teams to file accurate reports at a fraction of the time and cost of traditional MSA reporting. MSA's subscription model allows multiple report versions and report types to be run as early and as often as needed, so claims teams can make earlier, more informed decisions about when medical management might be indicated, when to settle, which settlement path to take, and what reports might be needed.

Identify non-compliant treatments or prescriptions embedded in claims: Treatment and medications are run on a real-time basis against current evidence-based medicine guidelines. Users can see where the guidelines recommend against the use of a specific treatment or medication and decide to exclude them in the final report.

The screenshot displays the Clara MSA software interface. At the top, it shows navigation tabs: CONTROL TOWER, ANALYZER, RISK MANAGEMENT, and MEDICARE SET-ASIDE. The main header includes 'Claim ID: CLARA50499829' and 'Claim Status: OPEN'. Below this, there are sections for 'NO ALERTS', 'CLAIM DETAILS', 'MEDICARE SET-ASIDE', and 'WORKER DETAILS'. The 'MEDICARE SET-ASIDE' section contains a table with columns for DATE, TOTAL AMOUNT, TR, IN, BUDGET FIVE, CARRIER, and ACTIONS. The 'WORKER DETAILS' section lists personal and employment information for the claimant.

DATE	TOTAL AMOUNT	TR	IN	BUDGET FIVE	CARRIER	ACTIONS
04/20/2020	\$83,954.15	\$76,987.55	\$4,766.60	MSA	denial text	[X] [X] [X]
04/20/2020	\$83,954.15	\$76,987.55	\$4,766.60	MSA	denial text	[X] [X] [X]
04/20/2020	\$83,954.15	\$76,987.55	\$4,766.60	MSA	denial text	[X] [X] [X]
04/20/2020	\$83,954.15	\$76,987.55	\$4,766.60	MSA	denial text	[X] [X] [X]

Key Benefits

- Save time and money
- Identify non-compliant treatments or prescriptions embedded in claims
- Quickly assess multiple scenarios and update on demand

Features

- Easy to deploy
- Seamless workflow
- Secure - HITRUST certified HIPAA compliance

Ideal for:

- Claims professionals
- Claims Supervisors
- Nurse Case Managers

Quickly assess multiple scenarios and update on demand:

Generate MSAs with various options, including multiple claims under one MSA, inclusion/exclusion of comorbid conditions and/or alleged body parts to assess the impact on overall costs, as well as the use of traditional or EBM-based forecasting. Easily edit reports based on changing treatment and other factors.

Features that inspire action and enhance ROI

Easy to deploy: Cloud-based platform that can be up and running in 45 days after historical data is received, including model tuning and hands-on training for adjusters.

Seamless workflow: An intuitive UI makes estimates, reports, and details about each claim easy to access anytime from any location.

Secure: HITRUST certified HIPAA compliance, SOC2 audits, 24/7 real-time monitoring, and data encryption that exceed industry standards in safeguarding your data.

MSA can streamline the creation of multiple report types

Traditional MSA: Complex regulatory guidelines for MSA reports are addressed automatically so claims teams can be confident submissions will result in a reasonable CMS approval; an option to include non-Medicare-covered treatments/ medications is also available.

Evidence-based Medicine MSA: Real-time programmatic comparison to evidence-based guidelines ensures only treatments and medications that are medically-supported and likely to occur are included in the final report.

Zero Dollar MSA: Developed for situations where the claim has been denied or the claimant’s medical condition has completely resolved, this report demonstrates that either no future care related to the injury is indicated or the payer has no responsibility for future medical care under workers comp.

Future Medical Cost Estimate: Enables users to price out treatment and medications likely to be utilized over the course of the claim according to the state WC fee schedule or UCR data, as well as the ability to edit the tables to include or exclude items, change the usage frequency, and/or change the pricing.

TREATMENT	CODE	FREQ	INTERVAL # OF YRS	OVER X YEARS	TOTAL # INCL/LE	COST/SERVICE	TOTAL COST
OCCUPATIONAL MEDICINE - OFFICE/OUTPATIENT VISIT EST	99214	6	1	44	264	\$144.63	\$38,182.32
PSYCH DIAGNOSTIC EVALUATION	90791	1	44	44	1	\$181.55	\$181.55
PSYTX W PT 45 MINUTES	90834	12	44	44	12	\$117.99	\$1,415.88
THERAPEUTIC EXERCISES	97110	12	44	44	12	\$123.78	\$1,485.36
X-RAY EXAM NECK SPINE 4/5VWS	72050	1	3	44	14	\$68.46	\$958.44
MRI NECK SPINE W/DYE	72142	1	5	44	8	\$437.22	\$3,497.76
ROUTINE VENIPUNCTURE	36415	1	1	44	44	\$3.60	\$158.40
COMPREHEN METABOLIC PANEL	80053	1	1	44	44	\$14.09	\$619.96
COMPLETE CBC W/AUTO DIFF WBC	85025	1	1	44	44	\$10.36	\$455.84
Total Cost							\$46,955.51

About CLARA analytics

CLARA analytics improves claims outcomes in commercial insurance with easy-to-use AI. The company’s product suite applies image recognition, natural language processing and other AI-based techniques to unlock insights from medical notes, bills, and other documents surrounding a claim. CLARA’s predictive insight gives adjusters “AI superpowers” that help them reduce claim cost and optimize outcomes for carrier, customer, and claimant.

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