

*Safe-Harbors for Section 111 Reporting and
Conditional Payment Reimbursement*

In cases or settlements where the following Total Payment Obligations to Claimant (TPOC's) apply, there is no Section 111 reporting requirement, and Medicare will not pursue reimbursement of conditional payments.

- \$750 for liability claims as of 01/01/2017 (previously \$1,000)
- \$750 for Workers' Compensation and No-Fault (new, as of 10/01/2016)

Workers' Compensation MSA

**Voluntary submission to CMS
allowed if workload review
thresholds met:**

- Class I: Claimant is currently a Medicare beneficiary and the total settlement amount is > \$25,000.00; or,
- Class II: Claimant has a "reasonable expectation" of Medicare enrollment within 30 months of settlement date (i.e. applied for SSDI; or age 62.5; or ERSD) and total settlement amount > \$250,000.00.

Liability MSA

**Currently no formal CMS submission
process, but no LMSA required if:**

- \$1,000.00 "low dollar threshold" satisfied; or,
- Treating physician certifies no future medical care is necessary; or,
- Elect fixed payment of 25% for settlements ≤ \$5,000.00.