

APPENDIX 6

Independent Dispute Resolution and Patient-Provider Dispute Resolution Processes; Vendor Management Data Elements

The Departments of the Treasury, Labor and Health and Human Services (collectively, the Departments) and the Office of Personnel Management have issued interim final rules establishing an independent dispute resolution (IDR) process that out-of-network or nonparticipating health care facilities and providers (including air ambulance providers) and group health plans and health insurance issuers of group and individual coverage may utilize following the end of an open negotiation period. This IDR process is available only for certain services, such as out-of-network emergency services, certain out-of-network services at an in-network facility where sufficient notice and consent is not provided, or air ambulance services. This IDR process is also only available if a state All-Payer Model Agreement or specified state law does not apply.

Additionally, HHS has issued interim final rules (45 CFR 149.620) that provide protections for the uninsured by requiring the Secretary of HHS to establish a process (referred to as patient-provider dispute resolution) under which an uninsured (or self-pay) individual, with respect to an item or service, who received, from a health care provider or health care facility a good faith estimate of the expected charges for furnishing such item or service to such individual and who after being furnished such item or service by such health care provider or health care facility is billed by such health care provider or health care facility for such item or service for charges that are substantially in excess of such estimate, may seek a determination from a selected dispute resolution (SDR) entity for the charges to be paid by such individual to such health care provider or health care facility.

As part of this process, HHS is responsible for the payment of the fee to the IDR Entity. The table below identifies data elements that an IDR Entity will be required to provide to HHS so that the IDR Entity can pay the required administrative fee.

Note that this PRA package is for HHS' requirements at 45 CFR 149.620.

Independent Dispute Resolution Entity Organization Data

1. Legal Business Name
2. Marketing Name (dba)
3. Tax Identification Number (TIN)
4. Unique Company Tracking ID
5. Company Address: Address
6. Company Address: Address 2
7. Company Address: City
8. Company Address: State
9. Company Address: Zip Code
10. Company Mailing Address: Address

11. Company Mailing Address: Address 2
12. Company Mailing Address: City
13. Company Mailing Address: State
14. Company Mailing Address: Zip
15. Name of Holding Company

Contacts

16. Main Company Contact: First Name
17. Main Company Contact: Last Name
18. Main Contact: E-mail
19. Main Company Contact: Phone Number
20. Main Contact: Phone Ext (Yes/No)
21. Main Company Contact: Phone Ext
22. CEO: First Name
23. CEO: Last Name
24. CEO: E-mail
25. CEO: Phone Number
26. CEO: Phone Ext (Yes/No)
27. CEO: Phone Ext
28. CFO: First Name
29. CFO: Last Name
30. CFO: E-mail
31. CFO: Phone Number
32. CFO: Phone Ext (Yes/No)
33. CFO: Phone Number Ext
34. Billing and Payment Contact: First Name
35. Billing and Payment Contact: Last Name
36. Billing and Payment Contact: Phone Number
37. Billing and Payment Contact: Phone Ext (Yes/No)
38. Billing and Payment Contact: Phone Number Ext
39. Billing and Payment Contact: E-mail

Payment and User Fee Charges Operations Data Elements for Independent Dispute Resolution Entity

1. Reason for Submission: New EFT Authorization (Y/N), Revision to Current Authorization (e.g. account or financial institution changes) (Y/N)
2. Check here if EFT payment is being made to the Affiliate of the Entity (Attach letter authorizing EFT payments to the Affiliated Entity)
3. Since your last EFT authorization agreement submission, have you had a Change of Ownership and/or Change of Address? (Y/N) If yes, submit a change of information prior to accompanying this EFT authorization.

4. TIN
5. Payee ID
6. Legal Business Name – Legal entity name should be the same name provided to the Internal Revenue Service on Form W-9, Request for Taxpayer Identification Number(TIN) and Certification
7. Marketing Name:
8. Entity: Name (DBA)
9. Entity: Name (Division)
10. Entity: Address
11. Entity: Address 2 – Optional demand letter routing information (e.g. Attention:Accounting Department)
12. Entity: City
13. Entity: State
14. Entity: Zip Code
15. Entity: Country
16. IRS 1099: Address
17. IRS 1099: Address 2
18. IRS 1099: City
19. IRS 1099: State
20. IRS 1099: Zip Code
21. IRS 1099: Country
22. Letter from Financial Institution for Account Validation
23. Financial Institution Routing Transit Number (ACH only)
24. Entity Depositor Account Number
25. Type of Account: Checking or Savings
26. Payment Amount
27. Invoice Number
28. Invoice Date
29. EFT Banking Information: Title (up to four instances)
30. EFT Banking Information: First Name (up to four instances)
31. EFT Banking Information: Last Name (up to four instances)
32. EFT Banking Information: Phone Number (up to four instances)
33. EFT Banking Information: Phone Number Ext (up to four instances)
34. EFT Banking Information: E-mail (up to four instances)
35. EFT Banking Information: Bank Name (up to four instances)
36. EFT Banking Information: Address (up to four instances)
37. EFT Banking Information: Address 2 (up to four instances)
38. EFT Banking Information: City (up to four instances)
39. EFT Banking Information: State (up to four instances)
40. EFT Banking Information: Zip Code (up to four instances)
41. EFT Banking Information: Country (up to four instances)
42. Change of Ownership Date
43. Business Line to which this banking information is applicable – Also referred to as “Business Line” or “Program Type” which includes IDRE User Fees.
44. Financial Reporting IP Address

45. Authorized/Delegated Official: Title
46. Authorized/Delegated Official: First Name
47. Authorized/Delegated Official: Last Name
48. Authorized/Delegated Official: Phone Number
49. Authorized/Delegated Official: Phone Ext (Yes/No)
50. Authorized/Delegated Official: Phone Number Ext
51. Authorized/Delegated Official: E-mail
52. Authorized/Delegated Official: Signature
53. Date of Authorization
54. Payment Contact: First Name
55. Payment Contact: Last Name
56. Payment Contact: Phone Number
57. Payment Contact: Phone Ext (Yes/No)
58. Payment Contact: Phone Number Ext
59. Payment Contact: E-mail
60. Electronic Funds Transfer Authorization Agreement (check box)
61. Effective Date for Financial Information
62. Financial Authority Contact: Title
63. Financial Authority Contact: First Name
64. Financial Authority Contact: Last Name
65. Financial Authority Contact: Phone Number
66. Financial Authority Contact: Phone Ext (Yes/No)
67. Financial Authority Contact: Phone Ext
68. Financial Authority Contact: E-mail
69. Financial Institution: Name
70. Financial Institution: City
71. Financial Institution: State
72. Financial Institution: Zip
73. Financial Institution Contact: First Name
74. Financial Institution Contact: Last Name
75. Financial Institution Contact: Phone Number
76. Financial Institution Contact: Phone Ext (Yes/No)
77. Financial Institution Contact: Phone Number Ext
78. Payee Record: TIN
79. Payee Record Contact: Title
80. Payee Record Contact: First Name
81. Payee Record Contact: Last Name
82. Payee Record Contact: Phone Number
83. Payee Record Contact: Phone Ext (Yes/No)
84. Payee Record Contact: Phone Number Ext
85. Payee Record Contact: Email
86. Payee Record Contact: Address
87. Payee Record Billing Address: Address
88. Payee Record Billing Address: Attention

89. Payee Record Billing Address: City
90. Payee Record Billing Address: State
91. Payee Record Billing Address: Zip Code
92. Type of Corporate Entity

Pay.gov Fields

1. Company Name
2. Entity ID/Unique Company Tracking ID
3. Invoice Number
4. Program Type
5. Address
6. City
7. State
8. Zip
9. Primary Contact Name
10. Primary Contact Phone Number
11. Primary Contact Email
12. Secondary Contact Name
13. Secondary Phone Number
14. Secondary Contact Email
15. Payment authorization attestation (check box)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The Departments are seeking OMB approval for the model as part of the approval for a new OMB control number 0938-XXXX. The time required to complete this information collection is estimated to average of 1.5 hours per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.