OMB Control Number: 0938-NEW Expiration Date: XX/XXXX

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 innetwork 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. Pavee 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)

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PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.