

Appendix XX:
Federal Independent Dispute Resolution (IDR) Registry Data Elements

The Departments of the Treasury, Labor, and Health and Human Services (Departments) and the Office of Personnel Management (OPM) have issued regulations that implement provisions of the No Surprises Act, including rules to establish a Federal independent dispute resolution process (Federal IDR process) that nonparticipating providers or facilities, nonparticipating providers of air ambulance services, and group health plans, health insurance issuers offering group or individual health insurance coverage, or Federal Employees Health Benefits (FEHB) Program carriers may use following the end of an unsuccessful open negotiation period to determine the out-of-network rate for certain items and services. More specifically, the Federal IDR process may be used to determine the out-of-network rate for emergency items and services furnished by nonparticipating providers or facilities, nonemergency items and services furnished by nonparticipating providers at participating health care facilities, and for air ambulance services furnished by nonparticipating providers of air ambulance services where an All-Payer Model Agreement or specified state law does not apply.

The Departments and OPM have issued proposed rules that would require each group health plan and health insurance issuer offering group or individual health insurance coverage and each FEHB carrier offering a FEHB plan subject to the Federal IDR process to register with the Federal IDR registry as specified by the Departments in guidance. Initial registration would be completed by the later of the date that is 30 business days after the effective date of the final rule and the date that is 30 business days after the registry becomes available, or the date the group health plan or health insurance issuer begins offering a group health plan or group or individual health insurance coverage subject to the Federal IDR process. FEHB carriers will register pursuant to 5 CFR 890.114, OPM contract, or OPM guidance.

The table below identifies data elements under the proposed rule that group health plans and health insurance issuers offering group or individual health insurance coverage and FEHB carriers offering FEHB plans subject to the Federal IDR process would be required to provide to the Departments in order to complete registration.

DATA ELEMENT	DESCRIPTION
Legal business name	The legal business name (if any) of the group health plan, issuer, or FEHB carrier and, if applicable, the legal business name of the group health plan sponsor
Plan or coverage type	Whether the plan or coverage is a self- or fully-insured group health plan subject to ERISA, individual health insurance coverage, a plan offered by an FEHB carrier, a self- or fully-insured non-Federal governmental plan, or a self- or fully-insured church plan

DATA ELEMENT	DESCRIPTION
Specified state law and All-Payer Model Agreement information	The State(s) in which the plan or coverage is subject to a specified State law, as defined in 26 CFR 54.9816-3T, 29 CFR 2590.716-3, and 45 CFR 149.30 for any items or services for which the protections of 26 CFR 54.9816-4T, 29 CFR 2590.716-4, and 45 CFR 149.110; 26 CFR 54.9816-5T, 29 CFR 2590.716-5, and 45 CFR 149.120; and 26 CFR 54.9817-1T, 29 CFR 2590.717-1, and 45 CFR 149.130 apply; The State(s) in which the plan or coverage is subject to an All-Payer Model Agreement under section 1115A of the Social Security Act for any items or services to which the protections in 26 CFR 54.9816-4T, 29 CFR 2590.716-4, and 45 CFR 149.110; 26 CFR 54.9816-5T, 29 CFR 2590.716-5, and 45 CFR 149.120; and 26 CFR 54.9817-1T, 29 CFR 2590.717-1, and 45 CFR 149.130 apply; For self-insured group health plans not otherwise subject to State law, any State(s) in which the group health plan has properly effectuated an election to opt in to a specified State law as defined in 26 CFR 54.9816-3T, 29 CFR 2590.716-3, and 45 CFR 149.30, if that State allows a plan not otherwise subject to the State law to opt-in; and for FEHB plans that adopt a specified State law pursuant to their FEHB carrier's contract terms, any State(s) in which they have made such an adoption
Contact information	Contact information, including a telephone number and email address, for the appropriate person or office to initiate open negotiations for purposes of determining an amount of payment (including cost sharing) for such item or service
Numerical identifiers	The 14-digit Health Insurance Oversight System (HIOS) identifier; or if the 14-digit HIOS identifier has not been assigned, the 5-digit HIOS identifier; or if no HIOS identifier is available, the plan's or the plan sponsor's Employer Identification Number (EIN) and the plan's plan number (PN), if a PN is available, or for FEHB carriers, the applicable contract number(s), and plan code(s)

DATA ELEMENT	DESCRIPTION
Additional information	Additional information needed to identify the plan or issuer and the applicable Federal and State requirements for determining appropriate out-of-network payment rates for items or services to which the protections against balance billing apply, as specified by the Departments in guidance, or such additional information needed with respect to FEHB carriers as specified by OPM in guidance
Additional information for fee collection	Additional information needed for the purposes of the administrative fee collection, as specified by the Departments in guidance, or such additional information needed with respect to FEHB carriers as specified by OPM in guidance

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The public reporting burden for this voluntary collection of information is estimated to be between 45 minutes and 12 hours per response, including time for reviewing general information about requesting assistance, gathering information, completing and reviewing the collection of information, and uploading attachments if applicable. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Research and Analysis, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0169. **Note: Please do not submit the data elements or notice described in this document to ebsa.opr@dol.gov. All Federal IDR process data elements and notices must be submitted through the Federal IDR portal at <https://www.nsa-idr.cms.gov/>.**